DOCUMENT RESUME

ED 093 134 EC 062 265

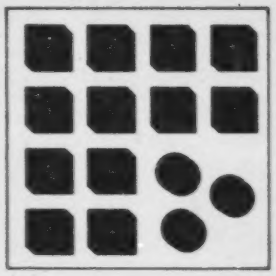
AUTHOR	Dapper, Gloria
TITLE	Educating Children with Special Needs; Current Trends in School Policies and Programs.
INSTITUTION	National School Public Relations Association, Arlington, Va.
PUB DATE	74
NOTE	64p.
EDRS PRICE	MF-$0.75 HC Not Available from EDRS. PLUS POSTAGE
DESCRIPTORS	*Administrative Policy; Court Cases; Delivery Systems; Equal Education; *Exceptional Child Education; Government Role; Handicapped Children; *Program Descriptions; School Districts; *Special Education; State Legislation; Teacher Supply and Demand; *Trend Analysis

ABSTRACT

The report focuses on special education trends in school policies and programs at the national, state, and local levels. Noted are trends such as court decisions and state legislation mandating appropriate education for all handicapped children and the development by local school boards of new policy statements. Identified are major issues such as labeling, mainstreaming, funding, and early intervention. Major court cases and state legislative acts which place primary responsibility for serving the handicapped on the local school district are reviewed. The federal role is seen to be one of leadership and support of model programs, and 14 sources of federal assistance for the handicapped are listed. Discussed are alternative systems of special education and issues of placement, discrimination, and mainstreaming. Statistics on the incidence of the handicapped are given, and four diagnostic programs are described. Two chapters on the delivery of education services stress programs that focus on residual abilities rather than disabilities. It is thought that increased preservice and inservice emphasis on special education training will help to provide the additional 250,000 special education teachers needed to educate all the handicapped. Suggestions for improved public relations include getting parental permission before releasing photographs of students to the press. Appended are addresses of instructional materials centers and state education agencies. (DB)

ED 093134

EDUCATION U.S.A.
SPECIAL REPORT



U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY.

PERMISSION TO REPRODUCE THIS COPYRIGHTED MATERIAL BY MICROFICHE ONLY HAS BEEN GRANTED BY

NSPRA

TO ERIC AND ORGANIZATIONS OPERATING UNDER AGREEMENTS WITH THE U.S. OFFICE OF EDUCATION. FURTHER REPRODUCTION OUTSIDE THE ERIC SYSTEM REQUIRES PERMISSION OF THE COPYRIGHT OWNER.

EDUCATING CHILDREN WITH SPECIAL NEEDS

CURRENT TRENDS in School Policies & Programs

EC 062 265

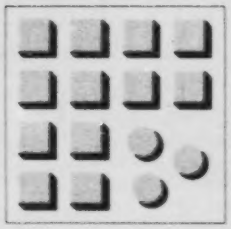
A Publication of the
National School Public Relations
Association

Copyright 1974
National School Public Relations Association
1801 North Moore Street
Arlington, Virginia 22209

Library of Congress Catalog Card No. 74-79227

Single copy, $6.75.
Stock No. 411-13313. All orders under $8 must be accompanied by payment. All orders over $8 must be accompanied by payment unless submitted on an authorized purchase order from a school district, organization or institution. Billed orders will include shipping and handling charges. Address communications and make checks payable to National School Public Relations Association, 1801 North Moore Street, Arlington, Virginia 22209.

Table of Contents



EDUCATING CHILDREN WITH SPECIAL NEEDS

CURRENT TRENDS in School Policies & Programs

Overview 5

Chapter 1. The Facts and Issues of Educating Children with Special Needs 8

Chapter 2. The Time Has Come, the Courts Have Said, and So Have the State Governments 12

Chapter 3. The Federal Role Is One of Leadership – and How Much Money? 18

Chapter 4. Where, and How, Should We Teach the Handicapped? 23

Chapter 5. Who Are the Handicapped and What Are Their Needs? 29

Chapter 6. Delivering Educational Services to the Handicapped – Part I 34

Chapter 7. Delivering Educational Services to the Handicapped – Part II 43

Chapter 8. The Teachers We Have and the Teachers We Need 52

Chapter 9. The Public Is an Ally; How to Get Its Help And Support 56

Appendix.

A Mailing List of Special Education Instructional Materials Centers – Regional Materials Centers 59

Directory of Special Education Personnel in State Education Agencies 61

Acknowledgment

To the many school districts, school administrators, state departments of education, colleges and universities, and professional associations that contributed facts for this report – our heartfelt thanks. And our apologies to those we did not mention by name. The author was restricted by limitations of space; but both the identified and unidentified sources of information used for this report have contributed significantly in its preparation.

Educating Children With Special Needs was written by Gloria Dapper. Material and ideas for Chapter 9 were contributed by Vernon A. Crawford, West Palm Beach, Fla.; John T. Holton, Wilmington, Del.; Gary Marx, Omaha, Neb.; Joe Rowson, Des Moines, Iowa; and Gayle P. Wayne, Huntington Beach, Calif.

Educating Children With Special Needs was developed by the Education U.S.A. Special Reports Staff: Ben Brodinsky, Executive Editor; Roy K. Wilson, Editorial Director; Cynthia Menand, Manager of Editorial Services. Production Services: Linda Brandt, Joan Lenz, Andrea Olinger, Joyce Pullen and Yvonne Souliere.

Overview

As a nation, we are discovering the true dimensions of the problem of educating the handicapped and, at last, coming to grips with it. This report summarizes the recent developments, including court decisions and widespread statewide legislative actions, that have brought us to the moment of truth on this important issue. The report is designed to help on the local level, where the school administrator, teacher, and school board member have to deliver the needed educational services to that one child in ten who has special educational needs.

While the nation has been slow to face all the ramifications of identifying and serving the handicapped, educators and laymen on the local level have been coping with the situation throughout the years. The statistical fact of eight million handicapped children in the nation is a staggering fact; but it may also be overwhelming for a local district to provide a meaningful education to *two* hard-of-hearing youngsters, *three* crippled boys and a *half dozen* children with limited intellectual abilities. The local educator and school board members have been dealing, not with categories of handicap or "cases," but with children who require special efforts. That those children have been served as well as they have through the years of national neglect is a tribute to the men and women on the local level who refused to deny them help.

But now a new day is at hand. Not only have the courts and state legislatures decreed that all the handicapped shall be located and served, but new policies and new funding methods have been set into motion to help the local district do the job right.

As this report will show, the new attitudes toward this issue present enormous difficulties. For example, the trend to place as many children as possible in the regular classroom – mainstreaming – may be easy to enact as legislative policy but difficult to carry out in the local school without adequate specialized staff or additional resources. Similarly, it is relatively easy for the state legislature to pass a law requiring that all the handicapped shall be identified, but the needs assessment tools to carry out that mandate are only now being developed.

And as Massachusetts recently acknowledged, a state's legislative decision to educate all its handicapped children is not automatically followed by the funds necessary to support that decision. That is why the states will be turning to the federal government with greater insistence for new support. Early in March 1974, for example, Massachusetts Gov. Francis W. Sargent came to Washington to seek help in keeping his state's widely acclaimed act from failing to achieve its full purpose. Said Sargent, in testimony before a House Select Subcommittee studying the Brademas bill for the handicapped:

> "Two years ago, we in Massachusetts enacted landmark legislation, embarking upon an ambitious effort to bring special education to all handicapped children. . . . But Massachusetts will be hard pressed to meet its full obligation without increased federal assistance. . . . The added costs of our new legislation for all handicapped will not be easy to bear. . . . That is why I came to Washington to support increased federal outlays for these programs. . . . The federal legislation to underpin special education will spell the difference between success and failure in Massachusetts and in all other states which are trying to expand their services for the handicapped. . . ."

What Local Districts Do

Evidence gathered during the preparation of this report points to the inevitable assurance that the federal government and the states will try harder

For the Child With Special Learning Needs

Trends and Emphasis

- Court decisions and new state legislation are mandating appropriate education for all handicapped children.
- Diagnosis and individualized prescriptive teaching are beginning to replace the labeling of children according to their disabilities.
- Segregation of the handicapped either in institutions, special schools or special classes is giving way to "mainstreaming" them into the regular classroom.

At the State Level

- Most states are now at work either designing or carrying out needs assessment programs for the handicapped student.
- Efforts are underway to tie together the many categorical assistance programs for various types of handicapped children to create one integrated delivery system.
- Administrative procedures are being drafted to carry out the new legislative mandates of each state.
- Teacher-training and paraprofessional training programs are being designed to meet the staffing needs of special education.

On the Local Level

- School boards are developing new policy statements or revising existing ones to meet the requirements of new state legislation.
- Superintendents and principals are working on in-service training plans to make classroom teachers more responsive to the needs of handicapped children.
- School districts are joining forces to pool efforts toward increasing staff competencies and information.
- Public information programs are beginning to inform school patrons of the changing emphasis in special education.
- School districts are keeping state officials informed of their needs and, in turn, receiving information from the state on how those needs can be met.
- New emphasis is being placed on early intervention, working with preschoolers both to prevent handicaps and to modify their effects.

than ever before to meet their obligations toward the handicapped. To match these forward movements, local school districts are addressing themselves to such tasks, on their levels, as:

- Setting local policy on education of the handicapped
- Devising identification and diagnostic procedures
- Staffing, including the hiring of needed specialists and creating inservice training programs for regular classroom teachers
- Providing ancillary services required by the handicapped, such as transportation, specialized instructional materials, and physical facilities to accommodate children with physical and mental handicaps
- Locating the money to pay for the new mandated services
- Keeping the public informed about the needs and progress.

Some of the new ways of facing this old problem are described in this report, although most efforts are too new to have produced final patterns as yet. With the thought that directions can be helpful, the report contains dozens of promising ideas that are being tried throughout the nation. The local educator can adapt these ideas, tailoring them to fit the specific needs of his school.

It is in these local adaptations that the national goal of educating all the handicapped will be achieved.

Chapter 1

The Facts and Issues of Educating Children With Special Needs

Every tenth child in the United States has a mental, physical or emotional disability serious enough to warrant special education – and this means a total of at least six million school-age children and one million preschoolers. But only about one-third to one-half of these children are now getting the kind of help they require. Two million are in regular school classes which are of little help to them, and one million get minimal home instruction or none at all.

For many handicapped children, their educational opportunity can be an accident of geography. The state of Washington currently offers services to over 80% of its handicapped children, while Arkansas, Mississippi, New Mexico and North Dakota serve less than 20% of the handicapped within their respective borders. Nationwide, about 70% of the school districts provide *some* type of program for *some* handicapped children.

Discouraging as these facts may seem, they represent enormous progress in the education of the handicapped. Although the United States did not make any special education efforts, aside from providing "asylums" for the retarded, the blind and the deaf, until the 1900s, more progress has been made in the past 10 years than in the past 10 centuries. At least five times as many American school systems provide special education services for the handicapped today as in 1948. In many ways, special education for the handicapped is an idea whose time has finally come.

The movement to educate the handicapped has been one of recent progress, spurred mainly by:

- Court cases which have sought to guarantee the right to an education for specific handicapped children. These cases have started to have the effect of class action suits, that is, guaranteeing every child, regardless of the handicapping condition, the right to education
- State legislation which not only enables local school districts to educate the handicapped, but requires them to do so
- The discovery of ways to identify, diagnose and teach the handicapped, which has resulted largely from federally funded model programs
- Technology to provide the necessary diagnostic and teaching tools which were unavailable until recently.

Society's decision to educate the handicapped is but the first step in the solution of a major problem. With this decision comes a fuller understanding of how complicated the problem is. If an effort were made to serve the millions of children who need and are *not* receiving special education, how would such an enterprise succeed? Where would the money come from? Where would the teachers be found? And what methods would be used for instruction?

If the money were available, how would it be spent? For special classes, which might serve only to segregate and stigmatize the children, as some claim? Or, for integrating the youngsters into the regular classroom, where they might get no special help and the progress of "normal" children might be slowed, as others claim?

And who would teach them? The shortage of all categories of personnel to educate the handicapped is already grave, with an estimated 250,000 needed nationally right now. However, the supply of teachers for the handicapped is uneven. In some states, and in some areas of specialization, there is a surplus of teachers. The need varies according to where the states stand in regard to their commitment to serve the handicapped children.

And what would the children with special needs be taught? Can a mentally retarded child with an IQ of 30 be expected to learn to read? Can an

emotionally disturbed child carry the academic burden that his classmates can handle? Can a deaf or blind child learn the skills needed to cope with a hearing and seeing world?

The Major Issues

Besides the problems of funds, facilities, staffing and instructional programs, other equally knotty questions need to be answered.

One concerns the labeling and categorizing of children who have special needs. Although some kind of labeling seems inevitable, if only to explain to legislators why money is needed, a growing feeling is emerging against the unfairness and even the untruthfulness of labels. A crippled child who can't maneuver his wheelchair in a school without ramps or elevators is "handicapped" largely because the building is inadequate. A child slow to learn academic subjects may be "handicapped" only for the six hours a day he is required to sit in a classroom.

Then, too, the labels have offered an excuse for taking difficult-to-teach children out of the regular classroom. The troublemaker or the child who resists all efforts to teach him to read too often is assigned to a class for the retarded or emotionally disturbed. As the schools learn more about learning disabilities and as teachers become more skillful in individual diagnostic and prescriptive teaching, these formerly "handicapped" children may turn out not to be handicapped at all. The enlightened approach is to place emphasis on labeling the learning problem and identifying the teaching prescription rather than on labeling and categorizing the children.

Unhappily, today it is still financially attractive for the educational community to categorize the handicapped. Most states still provide funds by category – Massachusetts providing a brilliant exception. Financially hard-pressed administrators recognize labels for their main value – as means to get funds for the costly special services which handicapped children require. As the Council for Exceptional Children puts it, "The practice places high incentives on the labeling of children and undoubtedly results in the erroneous placement of many children."

But are there alternatives? If these special categories and special facilities were eliminated, many of the handicapped would suffer. There are, for example, excellent schools for the deaf and for the blind where children so afflicted can receive an education that equips them to deal with life. There are outstanding regional centers where innovative and effective programs aid with disabled children. And there will always be a small minority of children who must be in a residential center where all of their needs can be attended.

Despite these exceptions and despite the present financial structure, the trend to bring the handicapped into the mainstream of American education is clearly discernible. "Most people have a misconception of the handicapped," says Edwin W. Martin, who heads the Bureau of Education for the Handicapped in the U.S. Office of Education (USOE). "They think only of the most severely handicapped. But the fact is that 90% to 95% can become productive members of society."

A child who lisps or stutters may now be classified as handicapped, although he may outgrow his handicap without any intervention. A hard-of-hearing child, though classified as handicapped, can cope effectively if he has a hearing aid. One has only to look at the adult population to see that people who are crippled hold satisfying jobs; people with hearing losses and partial sight are in the professions; one-armed tradesmen are not unknown; and people who never learned to read or figure are often able to find work and lead normal lives.

Mainstreaming—A Major Trend

New ways of looking at the handicapped, together with the discovery of new ways to teach each child as an individual, make "mainstreaming" (integrating the handicapped with regular classes) one of today's major trends. Only a year or so ago, state directors of special education named the controversy over mainstreaming and the related issue of labeling as the hottest issue in special education. The practice of forming special classes as a means of teaching the handicapped is giving way to the search for ways of reintroducing them into the regular classroom.

Actually, with more than half the handicapped not identified and not provided with special educational services, they are already in the regular classroom in great numbers. But many who were once institutionalized are moving out into rehabilitation centers or back home, with the goal of placing them in the regular classroom as soon as possible. The mildly retarded, for example, are getting supplementary services, extra teacher attention, resource rooms for intensive instruction,

school careers. Early intervention, including the identification of physical, mental and emotional handicaps before they take possession of the child's life, is the key action. Fitting children in Head Start programs with hearing aids and glasses is an obvious example of early intervention to remove what could later become a learning handicap in school.

The trend toward early intervention is probably most important for children who would otherwise be classified as emotionally disturbed. Enrolling such children, when they can be identified, in tutoring help and other intervention, as they make the transition to the regular classrooms.

"Once schools accept individual differences and the need to develop flexible response capability," says Martin, "we're on our way." With the child in the regular classroom, he won't need a label anymore, say the mainstreaming advocates. The 10% who are handicapped will be found to be not as unlike the 90% "normal" as formerly thought. "The 90% are not trouble-free," Martin says. As many as one-third of them may have shown signs of handicapping conditions which require special educational responses because of their individual differences. Helping the schools to recognize individual differences, and giving them practical programs to deal with the differences, will reduce the need for categorizing.

But if mainstreaming is to work, the job will fall to the classroom teacher. Hence, reorientation of the classroom teacher emerges as another distinctive trend in the field of special education. "Some teachers feel they can't deal with the problems, but they can," Martin says. As pointed out earlier, many already are doing so, simply because 60% of the handicapped are in regular classrooms. Beyond that stern reality, teachers are now learning more about small grouping, about individually designed programs, about various responses to behavior "that's different." In more and more school districts, special education teachers are serving as consultants and resource people to the classroom teachers.

Early Intervention

Another major trend – preparing the handicapped preschooler for formal education – may contribute to the eventual solution of educating the handicapped student. There are one million handicapped preschoolers, and adequate programs for them can make a real difference in their future preventive programs, will help them adjust to the classroom early in their schooling years and assure them the skills they need in later life.

Funds, Fatalism and Fear

Despite the forward movement toward removing labels, putting the handicapped into regular classrooms, finding and solving children's problems before they enter school, three major barriers still remain. Martin lists "funds, fatalism and fear" as the major roadblocks to educating special children.

With funds in short supply for all of education, the historic tendency has been to give the handicapped those resources remaining when other needs are met. Some schools still assign the basement room to the special education class. The regular staff is hired before the special education teachers. But recent court decisions will soon put an end to this kind of financial discrimination. And the public appears to back this trend. Seventy-four per cent of the individuals polled recently in a sampling of public opinion in Pennsylvania said handicapped children should get a full education despite the costs. And 80% of those interviewed in a recent Gallup poll, when asked what should be cut in the education budget, said funds for speech, hearing or reading help should not be cut.

Simple economics also support provision of special education programs. It costs about $250,000 for a person's lifetime institutionalization or welfare but only about $2,500 a year to teach a child in the public schools, utilizing special teachers and special programs. In addition, if the child can become a productive member of society, rather than kept in an institution or on welfare for life, he will contribute to the public funds through taxes rather than draining them for his maintenance.

In the past decade, every state has increased its financial commitment to special education. An Education USA Special Report questionnaire to state departments of education revealed that Florida has increased its special education budget from $15 million in 1965 to $64 million in 1972-73; Iowa from $14 million to $21 million; Nevada from $1.5 million to $2.5 million; Tennessee from $572,000 to $1.8 million. No state has cut these funds; many have doubled them. Similarly, federal support in the past 10 years has grown from $1 million to $210 million. Despite such progress, however, all the states acknowledge the need for

two or three times the money now spent if they are to locate and educate all handicapped children. And the federal commitment amounts to only $30 a child for this costly form of education. If all money now being spent for the handicapped were added up, the total would come to nearly $3 billion. But, the experts say, over $8 billion is needed to do an adequate job.

Fatalism, the second barrier mentioned by Martin, is harder to deal with. Historically, there has been a tendency to believe nothing much can be done for the handicapped. One reason for this belief is that the severely handicapped – and their disabilities – make sharp emotional impressions upon the average layman. "Hopeless cases," even though they are a relative minority, have greater visibility than the vast majority who have only mild or moderate disabilities.

The third barrier, fear, gets into the realm of psychological resistance to those who are different. Until recently, every society has hidden the handicapped from view. In countless subtle ways, society shuns the handicapped. On a city bus, many people unconsciously do not take the seat next to a handicapped person. College admissions directors have been found to turn down applications of those who are different, including even those who are overweight, on the grounds that they would not fit in with normal students. The best hope for removing this barrier of fear is familiarity with persons who have handicaps. Those who advocate mainstreaming see this as a means to the end.

The times have never been better to face into the problems of educating the handicapped. "The schools must develop a plan to come to terms with all the children," says Martin. "By the end of this decade," he predicts, "because of court action, federal and state action, and society recognition, we'll do just that."

Chapter 2

The Time has Come, The Courts Have Said, and So Have The State Governments

The U.S. Office of Education has set 1980 as the year to achieve full educational opportunity for the handicapped. Events since 1971, when that goal was announced, are convincing many that it can be reached.

Even though compulsory school attendance is firmly established in the United States, every state has a variety of exemptions to excuse a parent from sending a child to school, or excuse a school system from the necessity of providing certain kinds of education. These excuses have served to prevent many handicapped children from getting an education. But court rulings and legal policy positions handed down in the past few years have aimed at the heart of this right of a child not only to an education but to an education appropriate to his special needs. The volume of activity on this score has reached the stage of a movement. It involves not only court cases but new state and federal legislation, rulings of attorneys general, increased funds and increased attention to the delivery of services to the handicapped.

Pennsylvania's Precedent-Making Decree

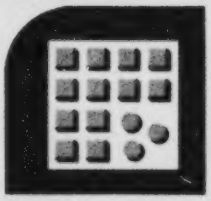
Most of the court suits have been brought by individual parents, or by organizations, such as state associations for retarded children (Pennsylvania, Maryland, North Carolina, North Dakota, Colorado, New York are examples). In general, the suits aim at three central issues: the right to an education, the right to treatment, and the opportunity for proper placement. At least 33 notable cases were before the courts as of January 1973, according to a summary of litigation on education of handicapped children prepared by the Council for Exceptional Children.

Two court decisions, one handed down in 1971 and one in 1972, are precedent-making. The first, a decision that convinced many that the handicapped were finally to receive adequate educational attention, resulted from a suit brought in January 1971 by the Pennsylvania Assn. for Retarded Children against the Commonwealth of Pennsylvania. Thirteen mentally retarded children were the plaintiffs but they represented "all others similarly situated," or, in other words, all other retarded children in the state. The children represented "five categories of educational denial." Two of the children in a state institution were receiving no education or training; two had been excluded from schools as "uneducable and untrainable;" four had been "excused" from school attendance as "unable to profit therefrom;" two had their entrance to school "postponed" until reaching the age of eight; and three had been refused school entrance because their mental ages were less than five years.

The decrees of the District Court for the Eastern District of Pennsylvania were historic. They guaranteed the right to an equal education for the mentally retarded between the ages of 6 and 21. Further, the court decreed that parents of mentally retarded children must be notified of any alteration in the child's educational status and they have rights to counsel, cross-examination, presentation of evidence, and appeal in the placement process.

The Pennsylvania ruling declared: "It is the Commonwealth's obligation to place each mentally retarded child in a free, public program of education and training appropriate to the child's capacity. . . . Placement in a regular public school class is preferable to placement in a special public school class and placement in a special public school class is preferable to placement in any other type of program of education and training."

As a result of the court's action, Pennsylvania is attempting to identify, diagnose and place the estimated 8,000 to 10,000 mentally retarded children not presently in its public school programs. In addition, the state is screening all in-school children and, if diagnosis proves it necessary, is placing



EDUCATING CHILDREN WITH SPECIAL NEEDS

CURRENT TRENDS in School Policies & Programs

them in programs that will meet the court's rulings.

These new procedures for educating retarded children in Pennsylvania will set a precedent for all handicapped children, according to informed educators.

The Nation's Capital Shows the Way

Another sweeping decision was handed down by a federal court in Washington, D.C. on August 1, 1972. It ruled that all handicapped and emotionally disturbed children in the District of Columbia have a constitutional right to a public education. The district was ordered to establish hearing procedures so that no student could be placed in a special education program or be suspended from school for more than two days without a public hearing.

The suit was brought on behalf of a group of children ages 7 to 16, whose disabilities included brain damage, hyperactivity, epilepsy, and mental retardation. The board of education had pleaded that it could not give the plaintiffs the relief they sought unless Congress appropriated the needed funds, but the court said this was no excuse. "The defendants are required by the Constitution of the United States, the District of Columbia Code, and their regulations to provide a publicly supported education for these 'exceptional' children. Their failure to fulfill this clear duty to include and retain these children in the public school system, or otherwise provide them with publicly supported education, and their failure to afford them due process hearing and periodical review, cannot be excused by the claim that there are insufficient funds."

Similarly, a Virgin Islands court rejected the claim of inability to afford education for all. "The short answer to that argument," said the ruling, "is that fundamental rights guaranteed by the Constitution may be neither denied nor abridged solely because their implementation requires the expenditure of public funds."

Other cases, now pending in at least 20 states, affect other aspects of the problem. Some are concerned with providing suitable education or training to severely handicapped who must be kept in residential facilities. A U.S. District Court judge, for example, issued a set of minimum standards in 1971 for the adequate treatment, including education, for all residents of the Partlow State Hospital for the Mentally Retarded in Alabama. Some courts hit at the problems of placement, whereby children from poor homes or homes in which English is not spoken, are sometimes penalized by IQ or reading tests that place them in special classes. In a California case, it was contended on behalf of three Mexican-American children, that their IQ scores were used to their detriment in the process of teaching, placing and evaluating them in school. And, in Boston, seven poor children contested their placement in special classes for the mentally retarded.

When the court cases are taken one by one, it is easy to miss their broad implications. But in impact, their sum will be greater than the individual decisions, because they are being applied as precedents. Some people think these individual court actions are the long, hard way to go about it, however. Jerry Weingold, executive director of the New York State Assn. for Retarded Children, has said he is disappointed that none of these cases has yet reached the U.S. Supreme Court. Without the pervasive force of a Supreme Court decision, he suggests, advances for the mentally retarded will be slow and piecemeal.

The Attorneys General Speak

The opinions affecting the education of the handicapped handed down by attorneys general in the past few years have gone almost unnoticed. They are important, however.

For instance, the North Carolina attorney general ruled in 1969: "It is unconstitutional and invalid . . . to operate the public school system in a discriminatory manner as against the mentally retarded children and to allocate funds to the disadvantage of the mentally retarded child. Often a mentally retarded child develops fair skills and abilities and becomes a useful citizen of the state. But, in order to do this, the mentally retarded child must have his or her chance."

Similarly, in 1971, the New Mexico attorney general, answering a question from a state legislator about the legality of the state's permissive special education law, ruled that the law was contrary to the state's constitution, because that document in effect required free education for *all* children, including the handicapped.

New State Laws Mandate Services

Reading the handwriting on the wall, state legislatures in the past five years have rushed to

pass mandatory legislation to serve handicapped children. And the new laws, for the most part, are broader and deeper than the permissive legislation they have replaced.

As one index to the legislative activity of the states, consider the following major laws enacted by general assemblies in 1973:

ARKANSAS – *A 102 (S.B. 19).* The Handicapped Children's Act of 1973 requires school districts to provide special education sufficient to meet the needs of handicapped school-age children in the state within six years or by the 1979-80 school year. Other provisions of the bill include: the establishment of a section for the education of exceptional children within the state department of education; establishment of an evaluation unit for diagnostic purposes within the department; cooperative arrangements between or among districts to establish special education classes; and a special education materials center. Says the law: Every school district must test and examine each child it believes to be handicapped.

ARIZONA – *H.B. 2256, Chapter 181.* This act requires each school district to provide special education instruction for certain gifted and handicapped children, except emotionally handicapped, on or before September 1, 1976. The act also requires a district plan for submission to the department of education by July 1, 1975; creates a special education advisory committee; and prescribes a voucher procedure for the education of exceptional children in districts prior to providing special education instruction.

COLORADO – *H.B. 1164.* The Handicapped Children's Education Act defines handicapped children as those persons ages 5-21 with one or more of the following conditions who are unable to receive reasonable benefit from ordinary education: long-term physical impairment, limited intellectual capability, emotional or behavioral disorder, and identifiable perceptual or communicative disorders or speech disorders. School districts may make special education programs and services available to handicapped children under five years of age. Other provisions of the bill include a state special education advisory committee; and reimbursable cost of programs at the 80% level of the salaries of teachers and ancillary personnel, 100% of the cost of maintenance of a child in a licensed family care home, 50% of the cost of materials for the education of handicapped children or $200 per special education teacher or whichever is less, and 50% of the cost of equipment for the education of handicapped children.

MAINE – *L.D. 965, Adding Chapter 404.* This act mandates an appropriate program for all handicapped children ages 5-20 by July 1, 1975. The declared policy of the state is to provide equal educational opportunities for all children. Provisions of the bill cover cooperative agreements with one or more administrative units, development of a state plan, and local planning and responsibility for administrative units. Each administrative unit must establish procedures to identify all children who require special education.

MARYLAND – *S.B. 649, Chapter 359.* This act provides for comprehensive programs of special education services for handicapped children including those who are severely handicapped. Additional provisions require the state board of education to promulgate bylaws for the identification, diagnosis, examination, and education of children in special educational services. Local boards of education are required to develop plans for the provision of special education services and to provide for review and approval of such plans by the state superintendent of schools and the state board of education. Local boards of education are required to implement approved plans.

MISSISSIPPI – *H.B. 74.* This act sets up procedures for establishing classes for exceptional children. The law states that in any school district where interested persons, agencies or parents of five or more of any one type of exceptional child petition the board of the district for a special class, the school authority shall request within 30 days the state department of education to secure a screening team to diagnose and evaluate the exceptional children referred. Two or more school districts may join to establish a special class.

The state legislative activities in 1973 on behalf of the handicapped didn't stop with the enactments of the comprehensive laws listed above. In addition, Missouri, North Dakota, South Dakota, New Jersey, Illinois, Kansas, Louisiana, New York and Nevada passed new laws or amended their existing statutes to provide for testing, diagnosis, treatment of handicapped children; to create new types of machinery for the enforcement of legal provisions; and to pump more funds into programs for the handicapped.

The Massachusetts Story

Although 1973 was a year of significant legislative enactments, it was not necessarily unique. Something of great significance happened in 1972, when the Massachusetts legislature passed the Special Education Act. The noteworthy aspect of the Massachusetts law is its insistence that the state must provide an adequate publicly supported education for every child . . . using a nondiscriminatory system for identifying and evaluating the individual needs of handicapped children. This act brought an end in Massachusetts to the use of the old labels and the traditional categories: "the blind," "the deaf," "the mentally retarded," and so on. The new law recognized only one category for the distribution of special education funds – "the child with special needs."

Here is a deep look into the provisions of the Massachusetts landmark legislation, provided by Robert K. Crabtree, writing in a recent issue of *Compact*, a magazine published by the Education Commission of the States:

"The responsibility for providing special education services, or to arrange for their provision, rests squarely with the local school board. Each child will first receive a thorough evaluation by whatever specialists are necessary. Then, on the basis of that evaluation, the persons doing the assessments will prescribe a special education program, including medical or psychological treatment and family counseling, if necessary. . . .

"Once a program is decided upon, the school board must either provide it alone, enter into a regional program with other communities or contract with an outside agency to provide it. The state will assist . . . by providing program resources and personal help through a newly regionalized and strengthened special education division in the state department of education and by reimbursing each community in full for the extra costs involved in providing the program . . . that is, the state will provide funds for the cost of special education programs in excess of average per pupil expenditures in the local school district. . . ."

Nature of the Mandates

As a result of the extraordinary legislative activity of the past several years, 48 states now have laws mandating some kind of educational service for handicapped children. (As of this writing, January 1974, only North Carolina and Vermont retain the old-style permissive legislation.)

But the forms of the mandatory legislation differ. Some states require a *full program* for the handicapped, once the children needing special help are identified. Other states mandate only *planning;* still others require programs only when the local school district, or the parents in a community, *petition for services;* and finally, there are a number of states where the mandate affects only *selected groups* and not all disability areas are treated equally.

But regardless of the form of the mandate, all state laws place primary responsibility for serving the handicapped on the local school district: this, of course, is the hallmark of all educational efforts in the United States. A second hallmark is variety and diversity, as a glimpse at state laws immediately reveals. To illustrate: Some states have passed legislation which removes minimum age requirements in providing education for the handicapped. In Idaho, Massachusetts and Kansas, where such provisions have been passed, programs may theoretically be provided for handicapped children at birth The Maryland and Connecticut laws also state no minimum age and indicate that special

In Search of the Handicapped

Who would have thought that special education would advertise for customers? That is what happened in Washington, D.C., following the 1972 court decision requiring the District of Columbia schools to offer an education to all handicapped children. The school system placed public service ads on most of the city's radio and television stations, printed classified ads in the newspapers, and sent letters to parents of 2,500 handicapped children who had been removed from the schools, largely for disciplinary reasons. The schools received over 100 replies a day to the advertising campaign to locate the district's handicapped children.

education be provided for children "who have not attained school age but whose educational potential will be irreparably diminished without special education at an early age." California law permits the operation of experimental programs for deaf and severely hard-of-hearing children from 18 months to 3 years. In Indiana, experimental programs may be established for deaf children as young as six months.

More than one-half of the states now authorize programs for the handicapped until age 21, with some states providing special education services until age 24. Ohio and Oklahoma have no maximum age stated for the provision of special education services.

Many of the new laws broaden services, such as transportation, or provide financial arrangements for taking advantage of regional programs. Some, such as the new regulations in Texas, call for an entire shift in emphasis away from serving by disability to serving the child's needs within the framework of the regular school program.

In over one-half of the states, provision has been made for a variety of planning efforts and activities to carry out the new laws at both the state and local levels. The most frequent activities now going on include program analysis and recommendations for change, clarification of various state policies, planning and conducting surveys leading to the identification and location of handicapped children.

Connecticut provides a good example of the kind of activity currently underway. In addition to those activities stated above, Connecticut is doing the following:

1. Analyzing the distribution for special education between the state, state-operated programs, and local and regional boards of education, so as to make recommendations for change.

2. Formulating goals, objectives and strategies for special education.

3. Planning for the recruitment, preparation and in-service training of professionals, paraprofessionals, and supportive personnel in special education, including the involvement of colleges and universities.

4. Developing procedures for the identification, screening, and diagnosis of children requiring special education.

5. Analyzing patterns of financial support for special education presently in use and the development of recommendations for improvement.

Chapter 3

The Federal Role Is One of Leadership —And How Much Money?

The federal role in the education of the handicapped is, in the words of the U.S. Dept. of Health, Education and Welfare (HEW), "to provide support for model programs, demonstrations, resource centers, and the training of education personnel." State and local governments, say the federal spokesmen, must provide the needed money for classroom instruction and other services.

It is a fact, however, that the federal government has, over the years, not only provided leadership, but also ever-increasing sums of money.

Many federal efforts for the handicapped are old, established projects, such as the free library service for the blind and physically handicapped conducted by the Library of Congress. It offers books in braille and talking books to those who either have limited vision or who cannot hold a book. The service now includes cassette tapes and the loan of equipment. Similarly, the American Printing House for the Blind, established in 1879, has supplied educational materials to blind and partially seeing children and adults for decades.

And for more than half a century, the federal government has expressed its interest and concern for all handicapped through such agencies as the now defunct U.S. Children's Bureau, the meagerly staffed U.S. Office of Education as it functioned during the Hoover and Roosevelt administrations, and through the White House Conferences on Children and Youth held every 10 years during the past 50 years.

An Overall View

But within this decade the federal activities on behalf of the handicapped have increased to significant levels. To get the range and the scope of these activities as they exist today, examine the checklist of federal programs administered, or monitored, by USOE's Bureau of Education for the Handicapped beginning on page 20.

U.S. Dollars for Sample Programs

Another way to look at the kinds of support the federal government offers is to note the levels of funding Washington has provided for fiscal 1974 for eight major efforts. These may be listed as follows:

- **Preschool and school programs:** Title VI B of the Education of the Handicapped Act provides $47.5 million in the fiscal 1974 budget for expansion and improvement of educational and related services at the preschool, elementary and secondary school levels. (This is one of the categorical grant programs that might be absorbed into the proposed revenue sharing plan.)

- **Deaf-blind centers:** Ten regional centers now provide special services to deaf-blind children by offering diagnostic and evaluative services, education, adjustment and orientation services, and consultation for parents. The fiscal 1974 budget contains $14 million for these centers.

- **Early childhood education:** The Administration budget for 1974 calls for $12 million to support model preschool and early childhood programs for the handicapped. Last year, 42 centers received support.

- **Specific learning disabilities:** Project grants to the states for research, training of personnel and establishment and operation of model centers for children with learning disabilities such as dyslexia will be supported by $3.2 million in fiscal 1974.

- **Media services:** $13 million a year goes for research contracts for ways to use educational

and training films and other media for the handicapped. Money is also provided to produce and distribute such films and for a captioned film loan service for the deaf.

- **Personnel development**: $39.6 million is budgeted for grants to support the training of teachers, supervisors, speech therapists, researchers and other professional and paraprofessional personnel in fields related to the education of the handicapped.

- **Information and recruitment**: The fiscal 1974 budget provides $500,000 in grants for improving educational personnel and dissemination of information concerning educational opportunities for the handicapped.

- **Research**: Contracts and grants totaling $9.9 million are available for innovative development, research and demonstration projects.

- **State supported schools**: Under Title I of the Elementary and Secondary Education Act, the Office of Education makes grants to states to strengthen programs for handicapped children in state-supported schools. For fiscal 1974 $87.8 million has been provided for this purpose.

Much of the federal money is directed toward better coordination of services to the handicapped. Too often, a variety of state and local agencies have limited responsibility, restricted to serving children with specific handicaps. Current federal effort calls for centralizing the responsibility or, at the very least, coordinating the activities of the various agencies responsible.

To improve the delivery of services, the federal money often underwrites regional efforts. One of the most successful efforts is the national network of 14 Special Education Instructional Materials Centers (SEIMC) and four Regional Materials Centers (RMC) that disseminate instructional materials and information on teaching methods to teachers of the handicapped. (See page 59 for a list of these centers.)

Another effort being made by the federal government is in the area of career education for the handicapped. By law, 10% of each year's vocational education appropriation must be used to train the handicapped. USOE has underwritten a variety of model programs to find better ways to help the handicapped become self-supporting.

Congress Is Not Satisfied

Despite the increase of activity on behalf of the handicapped on the local and state levels, and despite HEW's continuing emphasis of this problem – it is not enough. At least such is the publicly voiced opinion not only of the specialists with deep interest in the problem, but also of men and women in Congress.

"It is essential that we immediately mount a new and full-scale national effort on behalf of the nation's handicapped children," said Rep. Robert H. Steele, R-Conn., as he filed a new bill in December 1973. His proposal, HR 11846, seeks to expand and reconstruct the national machinery for the education of the handicapped. It would create a "basic entitlement fund" from which states and local school districts would be reimbursed, in part, for their expenditures for the handicapped (and the gifted). The measure would also set up a national clearinghouse of facts on the handicapped, for Rep. Steele and others in Congress are still not satisfied with the flow and exchange of information on the handicapped in the United States today.

The Steele bill will be considered along with the two other major bills now before the Congress. One is sponsored by Rep. John Brademas, D-Ind., and the other by Sen. Harrison Williams, D-N.J. The Brademas bill authorizes the federal government to pay to the states an outright grant of $600 for every handicapped child ages 3 to 21 within the state plus a payment of 75% of the excess costs required for special educational services to the handicapped. The Williams bill proposes to pay only the 75% of excess costs. The amount of federal payment under the excess cost formula would be determined on the basis of the aggregate current expenditures for the education of handicapped children within the state, divided by the number of handicapped children to whom the state is providing a free and appropriate education. Both bills carry a price tag in the first year of operation of somewhat under $2 billion. "This expense," notes Sen. Williams, "is minimal compared to what it has cost this society to deny appropriate services and maintain handicapped children at a level which is far less than their potential."

The Steele proposals are being considered along with the two other major bills now before the Congress. One is sponsored by Rep. John Brademas, D-Ind., and the other by Sen. Harrison Williams, D-N.J. The Brademas bill authorizes the federal government to pay to the states an outright

Federal Programs Administered or Monitored by the Bureau of Programs for the Handicapped U.S. Office of Education

Type of Assistance	Authorization	Purpose	Who May Apply
SERVICES			
Programs for the handicapped, preschool, elementary & secondary	Education of the Handicapped Act, P.L. 91-230, Part B	To strengthen educational and related services for handicapped, preschool, elementary & secondary children	Local agencies apply to to state departments of education
Programs for the handicapped in state supported schools	Elementary & Secondary Ed. Act, Title I [Sec. 103(A)(5)]	To strengthen education programs for children in state operated or supported schools for the handicapped	Eligible state agencies apply to state departments of education
Title III, Supplementary Educational Centers & Services	Title III, Elementary & Secondary Education Act, as amended	To provide grants for supplementary, innovative or exemplary projects for the educational improvement of the handicapped	Local education agencies apply to state departments of education
Early education for handicapped children	Education of the Handicapped Act, P.L. 91-230, Part C, Section 623	To develop model preschool and early educational programs for handicapped children	Public agencies & private nonprofit agencies
Vocational education programs for the handicapped	Vocational Education Amendments of 1968	To provide vocational education & services to handicapped children	Local education agencies apply to state departments of education
Media services and captioned film loan program	Education of the Handicapped Act, P.L. 91-230, Part F	A) To advance the handicapped through film & other media including a captioned film loan service for cultural and educacational enrichment for the deaf	State or local public agencies and schools, organizations, or groups which serve the handicapped, their parents, employers, or potential employers
		B) To contract for research in use of educational and training films and other educational media for the handicapped, and for their production and distribution	By invitation
		(C) To contract for training persons in the the use of educational media for the handicapped	Public and other nonprofit institutions of higher education for teachers, trainees or other specialists

Type of Assistance	Authorization	Purpose	Who May Apply
		(D) To establish and operate a national center on educational media	Institutions of higher education
Deaf-blind centers	Education of the Handicapped Act, P.L. 91-230, Part C, Section 622	To develop centers and services for deaf-blind children & parents	State education agencies, universities, medical centers, public or nonprofit agencies
Information & recruitment	Education of the Handicapped Act, P.L. 91-230, Part D, Section 633	To improve recruitment of educational personnel and dissemination of information on educational opportunities for the handicapped	Public or nonprofit agencies, organizations, private agencies
Programs for children with specific learning disabilities	Education of the Handicapped Act, P.L. 91-230, Part G, Section 661	To provide for research, training of personnel and to establish and operate model centers for children with specific learning disabilities	Institutions of higher education, state and local education agencies and other public and nonprofit agencies
RESEARCH			
Regional resource centers for improvement of education for handicapped children	Education of the Handicapped Act, P.L. 91-230, Part C, Section 621	To develop centers for educational diagnosis and remediation of handicapped children	Institutions of higher education and state education agencies, or combinations within particular regions
Handicapped research and related activities	Education of the Handicapped Act, P.L. 91-230, Part E, Section 641	To promote new knowledge and developments with reference to the education of the handicapped	State or local education agencies and private educational organizations or research organizational groups
Physical education and recreation for the handicapped	Education of the Handicapped Act, P.L. 91-230, Part E, Section 642	To do research in areas of physical education and recreation for handicapped children	State or local education agencies, public or nonprofit private educational or research agencies and organizations
TRAINING			
Training personnel for the education of the handicapped	Education of the Handicapped Act, P.L. 91-230, Part D, Section 632	To prepare and inform teachers and others who work in the education of the handicapped	State education agencies, institutions of higher education, and other appropriate nonprofit institutions or agencies
Training of physical educators and recreation personnel for handicapped children	Education of the Handicapped Act, P.L. 91-230, Part D, Section 634	To train personnel in physical education & recreation for the handicapped	Institutions of higher education

grant of $600 for every handicapped child ages 3 to 21 within the state plus a payment of 75% of excess costs. The amount of federal payment under the excess cost formula would be determined on the basis of the aggregate current expenditures for the education of handicapped children within the state, divided by the number of handicapped children to whom the state is providing a free and appropriate education. Both bills carry a price tag in the first year of operation of somewhat under $2 billion. "This expense," notes Sen. Williams, "is minimal compared to what it has cost his society to deny appropriate services and maintain handicapped children at a level which is far less than their potential."

By March 1974, it became apparent that the Brademas bill would emerge as the dominant one in providing the pattern for future national legislation on behalf of the handicapped. Hearings on the bill, known as HR 70, began during that month and attracted national attention, as well as a growing number of official and unofficial "co-sponsors" among members of Congress.

The question of what and how much federal money will be available is a matter of speculation, depending to some degree on special revenue sharing measures which have yet to be acted upon by Congress. Under revenue sharing, 33 categorical formula grants would be merged into five broad areas, one of which is education for the handicapped.

However, federal officials in charge of programs directed to educating the handicapped maintain that the level of federal funding will not be diminished, contrary to popular belief. As noted earlier, federal financing in this field has grown from $1 million to $210 million in the past 10 years. That level is expected to continue. And if, as and when new federal legislation is enacted – probably by 1974 or 1975, at the latest – more federal dollars will start flowing toward the states and the local school districts for educating children with special needs.

Chapter 4

Where, and How, Should We Teach the Handicapped?

No civilization has ever quite known what to do about the education of the handicapped. For centuries, the answer was to do nothing. Then, private organizations, with charitable rather than educational motives, provided at least housing and some form of training, especially for the blind, the deaf, and what were then called the feeble-minded. But it wasn't until about 1900 that serious consideration was given to educating the handicapped in the public schools of the United States.

In 1898, Alexander Graham Bell, who had stumbled on the invention of the telephone while trying to develop an amplifying device for his deaf wife, told the closing session of the National Education Assn. (NEA) convention that the public schools ought to establish programs for certain handicapped children. He suggested that these children "form an annex to the public school system, receiving special instruction from special teachers, who shall be able to give instruction to little children who are either deaf, blind or mentally deficient without sending them away from their homes or from the ordinary companions with whom they are associated." In 1902, NEA responded by creating a department of special education.

Alternative Systems of Special Education

With the growth of special education in this century has come a variety of alternative facilities for educating the handicapped. Each appears to have its own fierce protagonists and enemies. All too often, the reason for instituting a new method of dealing with the problem has stemmed more from emotions and biases than from sound educational reasons.

The **residential school** was the first answer to the problem. Geared to help the severely retarded, emotionally disturbed and multiply handicapped – estimated at about 5% of all handicapped children – the residential facility still offers the only real way for 24-hour-a-day, year-round custodial care. Educational or training programs in these private or state facilities are usually minimal, and too often even the physical care is deplorable, although there are notable exceptions.

Residential schools for the blind and for the deaf are another matter. In these schools, which are typically state-run, educational programs are often very effective.

The current trend in residential facilities is toward smaller units, rather than one or two large campuses for each state. The idea is to situate the child close to home, in a smaller facility, encourage weekend and vacation trips home, and even eventual placement in the public schools.

Day-school instruction for all categories of the handicapped has become increasingly popular in this century. It comes under many auspices, including a few private schools, those run by parent groups or private organizations, those run by a state department of health, department of institutions, or department of youth services, and those administered by the public school system.

Day-school instruction can take many forms:

- Special classes housed in the regular school
- Special schools for all handicapped children or for specific categories of handicap
- Cooperative services available on a regional basis where children are transported to the school to participate in special programs for all or part of the day
- Resource rooms in a school where children can go for special instruction geared to their handicaps
- Itinerant teachers who go from school to school, not only to teach the children but to

serve as consultants to the regular classroom teachers

- Mobile facilities, whereby vans with special equipment and special education teachers visit schools to provide diagnosis, consultation with teachers, in-service training in new materials and equipment, and actual teaching of some children

The Special Class

The most common way to teach and serve the handicapped child is through the special class. Its advantages include leaving the children in a normal school, with the possibility of their joining a regular class for such activities as physical education and for some academic instruction. Proponents of the special class also say an additional advantage accrues to the special teachers who are thus able to keep in touch with the mainstream of education by being in a regular school rather than concentrating only on their specialty. Opponents of the special class arrangement, a growing number, say it is too convenient a dumping ground for the slow learner, the learning disabled, or the child with emotional adjustment problems.

Special School

A special school, or a school with a special wing for handicapped children, can offer physical advantages for its special clientele. For example, a school built specifically for orthopedically handicapped children will obviously omit stairs and have ramps and elevators; and will build desks and toilet facilities suited to physically disabled children. The special school also offers the possibility of sharing expensive equipment and facilities among many teachers and among psychologists and psychometricians. Nevertheless, the same objections that are raised to special classes are also raised to special schools – "dumping" and segregation of the special child from other children being among the more important ones.

Cooperative Classes

Cooperative classes serving a region have, in the past, often been seen as another form of dumping ground. The state usually pays the costs, thereby encouraging the local school to relieve itself of the problem and the expense. Like most aspects of special education, generalizations about cooperative services are hard to make. Some of the cooperative services appear to be excellent and effective but in others, children seem to spend inordinate amounts of time being bused to and fro, with the time they spend in special programs at the schools showing little results.

Despite some shortcomings, cooperative classes are effective in rural areas, where a single school system does not have a sufficient number of children to warrant the expense of special programs.

Itinerant Instruction

Itinerant forms of instruction may be used with all children having special needs except for severely handicapping conditions. Itinerant instruction in speech therapy seems to be especially popular. Under itinerant instruction, the handicapped child remains in the regular classroom, but is given considerable help during scheduled visits of the itinerant teacher. The best of the itinerant teachers supply individual teaching prescriptions for each child.

The Resource Room

The resource room, another alternative, requires the child to do the traveling. The goal here is to let the child participate as much as possible in the regular classroom program, going to the resource room only for special help or special equipment and materials.

Most public school systems use a combination of all these forms of day-school instruction. But, as noted earlier, a large number of handicapped children are in none of these forms of special education. They are either in the regular classroom, sometimes unrecognized as having special needs, or they are at home.

In a number of instances, the homebound do receive instruction at home, but some experts say the quality of their education varies greatly. It depends on how severely the child is handicapped and, of course, on how good the visiting teachers for these home instruction programs are. New technology offering two-way communication for the homebound is being used in some areas for

home instruction. Again, depending on the handicap, the child with two-way communication can participate in class work on a daily basis.

The 'Best' Program is Flexible

Summarizing the various answers to the question of where to educate the handicapped, B. R. Gearheart, in the opening chapter of his book, *Education of the Exceptional Child*, writes: "There is no 'right' answer which will fit all situations. However, certain guidelines are emerging in most quarters. Some of these guidelines are (1) the program which as nearly as possible approximates a home setting, within the limits set by factors such as the nature and degree of the major handicaps, age of pupil, and other such factors, is the best; (2) the program which provides for a maximum of flexibility in educational opportunities, and regular reevaluation with opportunity for alternate placement and programing, is the best; (3) the program which maximizes opportunity for social development along lines which most nearly parallel those of the normal child is the best; and (4) the program which is *possible* is the best. The fourth guideline is not intended to suggest that we should not strive for better educational opportunities. It is rather to indicate that we must retain a realistic point of view as we plan for exceptional children, and that we may sometimes need to place children in the best *available* program while we continue the effort for better or more ideal opportunities."

The Controversy Over Placement: Three Central Issues

The controversy between special class and regular class placement is as old as special education itself, but it has heated up greatly in the last few years. Three central issues are the core of the arguments:

- Labeling of the handicapped
- Discrimination
- Mainstreaming

Labeling and Its Effects

Labeling has always presented a problem. What should we call the children who have special education needs? Some, including the editors of *The Exceptional Parent*, say that "handicap is a relative term" which describes the "result of a

What? No Third Grade? No Fifth Grade?

"We have long accepted the handicapped as 'those' children who need special educational services if there were money left in the school budget. We have too easily accepted as a fact of life that handicapped children could be placed on waiting lists, while being provided recognizably inadequate and inappropriate programs as they wait.

"In this regard allow me to ask how we would react if we moved to another school district and were informed that there was no third grade available for our child and he had to remain in second grade pending the appropriation of funds. How would we feel if we were informed that there would be no fifth grade in our school district this coming school year and that our fifth grade child would have to do without a program.

"If this appears to be an absurd situation to contemplate, it is only because we have committed ourselves as a people to guaranteeing that this circumstance cannot occur for any reason. Should handicapped children be provided any less a guarantee of an appropriate education?"

–Daniel Ringelheim, chairman, National Advisory Committee on the Handicapped.

disability – the obstacles it places between the person and his maximum functioning level." They would prefer using the term disability, "which refers to a medical condition" with the implication that it can be helped.

"Words express attitudes," say the editors, and the "attitudes that we have shape our behavior. Disability expresses the attitude that the child and the parent are capable of mastering together the challenges that they will face. The word handicap expresses our concern that the child has such severe limits that he will never be able to master the problems of growing up."

The effect of labels, both on the child and on the teacher, has also been raised. Edwin W. Martin says, "It seems likely that such labeling frequently sets in motion the dynamics of a self-fulfilling prophecy: the child, treated as handicapped, becomes more handicapped because of this treatment." Intuitively, it seems reasonable that a child labeled "retarded" would begin to think of himself as retarded. Similarly, although hard evidence is not yet available, it seems reasonable to believe that teachers would have lower expectations for handicapped children.

However, the practical use of labels will probably keep them around for a long time. One state administrator of special education sums up their usefulness: "In my judgment, to drop labels entirely is to give up categorical legislative aid for the handicapped, which will destroy your possibilities of having educational intervention for them.... The attempt to give up categories is naive and premature. It's usually promoted by people who don't have to deal with political reality."

HEW has begun a study of the "systems of classifying children and inappropriate labeling of children as delinquents, retarded, emotionally disturbed, and other classifications having potentially harmful and permanent consequences for the child." In announcing the study, HEW summed up the dilemma to be faced: "While diagnosis and classification are essential to provide adequate services, some labeling practices represent a serious national problem.... We need to know far more than we do about the manner in which such labels are imposed, what circumstances lead a child into categorization, who makes the judgment, and how to achieve better diagnostic and classification systems." The project, headed by Nicholas Hobbs, provost of Vanderbilt U., Nashville, Tenn., will publish its findings in book form.

Discrimination: Cause for Concern

Assigning students to special classes by category has led to a second main issue, discrimination.

Jane Mercer, sociology professor at the U. of California at Riverside, has found that "disproportionately large numbers" of black and Chicano children are labeled mentally retarded by the public schools. "This phenomenon," she says, "appears to be true throughout the United States." She found that in California the rates for placing Chicano and black children in classes for the mentally retarded are two to four times higher per thousand than the rates for English-speaking Caucasian children.

When the Virginia State Dept. of Education surveyed its one million children enrolled in public schools in 1972-73, it found that while blacks account for 24% of the total school population, almost 48% attend special education classes.

Similarly, the New York State Commission on the Quality, Cost and Financing of Elementary and Secondary Education (The Fleischmann Commission Report of 1972), found that the proportion of black students in special classes in desegregated districts was "startling." The Commission concluded: "The 'desegregated' districts appear to be shunting a higher percentage of their black children into classes for the handicapped than is the case in the 'segregated' districts. Special class may have become a convenient place for children who are not really wanted in the public school."

Many of the court cases now pending will deal directly with this question of racial or social class discrimination in special class placement. If the court rulings favor the plaintiffs in these and other cases to come, the entire issue will be further intensified.

Mainstreaming—No. 1 Issue

Mainstreaming is linked to the issues of labeling and discrimination. It should be linked more often than it is, however, to the issue of whether special classes are effective. As one state administrator of special education puts it, "We need to get some hard data on the value of some of the systems that we have been utilizing. We just skip around too easily condemning special classes, pushing itinerant programs, or telling how wonderful resource rooms are.... Nobody seems to be taking a hard look at whether these systems are of any value and to whom."

Lloyd M. Dunn, a past president of the Council for Exceptional Children, puts it more strongly: "I have loyally supported and promoted special classes for the educable mentally retarded for most of the last 20 years, but with growing disaffection. In my view, much of our past and present practices are morally and educationally wrong. We have been living at the mercy of general educators who have referred their problem children to us. . . . Let us stop being pressured into continuing and expanding a special education program that we know now to be undesirable for many of the children we are dedicated to serve."

Studies on the effectiveness of special classes are providing ammunition for the mainstreaming advocates. Nicholas A. Vacc of the State U. of New York at Fredonia investigated long-term changes in achievement, overt behavior and social position of children identified as emotionally disturbed, and compared those in special classes with those in regular classrooms. Neither in achievement nor in behavior gains did the children in special classes differ from those who had remained in the regular classroom.

John Anttonen, Alaska Dept. of Education, states flatly: "There is little or no acceptable evidence that self-contained classes have helped children labeled mildly retarded or learning disabled." And he counters the argument that leaving the handicapped in the regular classroom will harm the other children: "There is no evidence that integration of a mildly handicapped youngster with his age peers negatively affects the achievement of the normal child."

But there is mounting evidence that it is harder to get a child out of special class placement than into it. Mercer found that "many parents feared the special education program as a 'sentence of death' . . . an inescapable dead end. . . ." Her findings bore out these fears. Of the sample of children she studied, only one in five who were labeled mentally retarded ever returned to regular classes. USOE data based on a number of large city school systems show that less than 10% of the children placed in special education classes are ever returned to regular education.

Frederick J. Weintraub of The Council for Exceptional Children says, "We have institutionalized many persons knowing that an unavailable, less harsh treatment would have been more appropriate. . . . We have accepted many children into special classes for lack of an alternative."

While the concept of the special class is not being totally condemned, an increasing number of educators and a growing army of parents see classroom integration as a more appropriate means for educating most children with special needs. William L. Smith of USOE concludes that "only by eliminating special classes wherever possible and by integrating these children into the regular school program" can the problem be solved. The "self-contained classrooms just do not offer the versatility of experience, the individualized learning programs, or the social interaction with other children that can give handicapped children the broader perspective they need."

But, if mainstreaming were to become the rule, a great many changes would have to take place. The retraining of teachers already in the classroom would be necessary. Programs for training prospective teachers would have to be revamped. Many of the political and fiscal arrangements the states use for paying the cost of educating the handicapped would have to be rearranged to funnel the funds into the regular classroom. And, most important, every classroom would have to shift emphasis away from group teaching to individual diagnosis and prescriptive teaching.

Challenging as such changes appear, many of these are already taking place today.

State and Local Moves Toward Mainstreaming

The following are a few of the actions recently taken to support the concept of mainstreaming:

Retraining both specialists and classroom teachers – and preparation of paraprofessionals for special education is underway at 42 colleges and universities, funded by USOE under the Education Professions Development Act (EPDA). One of the projects, at Virginia's Norfolk State College, offers a full year's training for 530 classroom teachers and paraprofessionals to work with handicapped children in the regular classroom. Specialists – child psychologists, curriculum developers, reading experts, speech therapists, audiovisual technicians – provide the training experiences. Besides helping teachers and aides to become aware of the problems, the course helps the teachers know their own teaching capabilities and the learning capabilities of handicapped children. One classroom teacher commented: "The program showed me how to observe children and how to interpret what those observations mean."

If the teachers can't come to the campus, Pennsylvania State U. will go to them. A team of educators, transported in a fully equipped van, provide a survey course, worth three credits, in how to identify children with serious learning problems. Instruction in special education problems is offered to classroom teachers in the van while it is in the parking lots of schools around the state.

A massive effort has been underway in Texas since 1970 to provide a comprehensive series of services to handicapped children. One aim of this activity is to return as many handicapped children as possible to regular classrooms. The state education agency not only manages the teacher-training phase but, with EPDA staff, keeps a statewide hot line open for classroom teachers needing help in a hurry.

In Santa Monica, Calif., schools are trying an open-door policy for their handicapped children. They are allowed into the regular classroom, but, if the pressure gets too intense for them, they can return to their special classes. During the first year of the experiment, about 20% of the pupils given this chance stayed with the regular class.

A traveling-van project in Tennessee aims at the "get-him-out-of-here, I-can't-teach-him" syndrome of the classroom teacher. Teams of two elementary classroom teachers trained by special education teachers, a speech therapist and a psychologist, travel around five counties of West Tennessee (Haywood, Lauderdale, Tipton, Fayette and Shelby) in motor homes equipped with appropriate teaching materials and facilities for teaching the handicapped. While one team member consults with the regular classroom teacher in the van, the other goes into the classroom and works with perceptually handicapped, emotionally disturbed and mentally retarded youngsters.

The Lewis County, Wash., schools converted six special education classrooms into resource rooms. All handicapped children were assigned to the regular classrooms, but they were also assigned specified times for going to the resource rooms for special instruction. Before going to the resource room, the child's teacher prepared an individualized learning prescription in consultation with the school psychologist. The youngster's total behavior was assessed, learning objectives were established, the methodology selected and a date set for reevaluation. The classroom teachers involved reported good academic progress of many of the children and also acknowledged their own professional growth as a result of the help they got from the resource room teachers. Children who had previously been transported 20 to 50 miles a day to special classes were consequently able to stay in the regular school.

A three-year experiment in Papillion, Neb., provides an engineered classroom for multiple handicapped children. The year-round program brings 12 children at a time to a classroom supervised by a regular teacher certified in special education and three teacher aides. At the beginning of each day, each student gets a checklist of activities to carry out during the day. As he completes each one, he moves to the next. The aim is to move as many of the children as possible into regular classrooms.

The Lexington County School District in Ballentine, S.C., uses a "crisis teacher" as one way to serve the handicapped child. The crisis teacher gives on-the-spot assistance in the regular classroom when an emotionally disturbed child disrupts the class. This enables the child to stay in the regular classroom for most of the day, but gives him special help when needed. An added benefit is that the regular classroom teacher gets to observe how the crisis teacher deals with the disturbed child.

In Decatur, Ala., a teaching team of parents, administrators, students, learning specialists and regular classroom teachers, directs the school district's efforts to integrate all mildly and moderately handicapped children into the regular school program. The method is individualized instruction for all students in two of the district's middle schools. Flexible scheduling, team teaching, multicourse offerings and open classrooms all contribute to making individualized teaching and learning possible. Although some of the regular teachers involved in the program at first confessed to a dislike of working with the exceptional children, this early attitude has given way to enthusiasm as the teachers are challenged to find ways of reaching all of the children.

Chapter 5

Who Are the Handicapped And What Are Their Needs?

Nobody really knows the precise number of handicapped children in the United States today. Recent court cases and the new state laws making education of the handicapped mandatory will change the bookkeeping for the better. Many states have already legislated for a census of the handicapped as a first step.

If all the handicapped are to be provided with education, then some of the differences in ways of counting them will disappear. For instance, some states currently require education for the mentally retarded with a top IQ of 75, others with a top IQ of 80. States have also had different cut-off points at the lower range of intelligence. Such variations can have a big effect on the final totals of census figures of the handicapped.

Other variations in figures can come from the diverse definitions of exceptional children. Some authorities include the gifted, an estimated one million plus in the nation, and some do not. When children with learning disabilities are included, the definitions are so varied that any sound basis for determining the numbers involved disappears.

But, with all those qualifications, one must start somewhere to get a sense of how big the problem is. The latest statistics and estimates available present this current national picture (see opposite column).

Although these are the best available official statistics, there are a number of factors that call for caution in using these data:

- As already mentioned, there has been more guessing than accuracy in assembling statistics. No state has yet done a complete census of the handicapped, although many are now in the process of doing so. After all, if the public schools were not going to provide services for these children, what was the point in knowing how many there were?
- Diagnosis of handicap or disability is not easy. But it is easier for some handicaps than for others. There is little question about the handicap or disability if a child is totally blind or partially deaf, for instance. It is probably safe to say that the statistics on blind and deaf children are fairly accurate. Those with poor vision or poor hearing are another matter.

Exceptional Children (Ages 5-18)

Handicap	% of Total Population	No. of Children
Visually disabled	.1	55,000
Deaf	.1	55,000
Hard-of-hearing	.5	275,000
Physically disabled	.5	275,000
Emotionally disturbed	2.0	1,100,000
Mentally retarded	2.5	1,375,000
Speech handicapped	3.5	1,925,000
Totals:	9.2%	5,060,000

Then, when reasonable estimates for the gifted and the learning disabled are added, the percentages and numbers go up accordingly.

Learning disabled	2.0	1,100,000
Gifted	2.0	1,100,000
Grand Totals:	13.2%	7,260,000

- Misdiagnosis is probably more widespread than anyone officially admits. Many slow-learning children are classified mentally retarded and many troublesome children are labeled emotionally disturbed.
- Some have suggested (The Fleischmann Commission in New York, for instance) that the schools tend to identify those handicaps they

can do something about. A good example are the speech handicapped. Partially due to the relatively good supply of speech correction specialists, large numbers of speech handicapped children are being identified and served.

- The learning disabled, a fairly new classification, probably says more about the ineffectiveness of school programs than it does about the children. As individually prescribed learning techniques are perfected, this category may gradually diminish.
- Many handicaps are transitory, a fact that the statistics do not reflect. Some speech defects, for example, are correctable in a very short time. Children emotionally disturbed in first grade may not be so in sixth. Reevaluation is the missing ingredient in far too many school districts, so that children often carry their handicapped titles like a life sentence.

Whether one accepts the national total as six million or eight million matters less than accepting the fact that the handicapped children in the nation are a significant percentage of the school-age population and at least one-half of them are getting little help, if, indeed, they have even been identified.

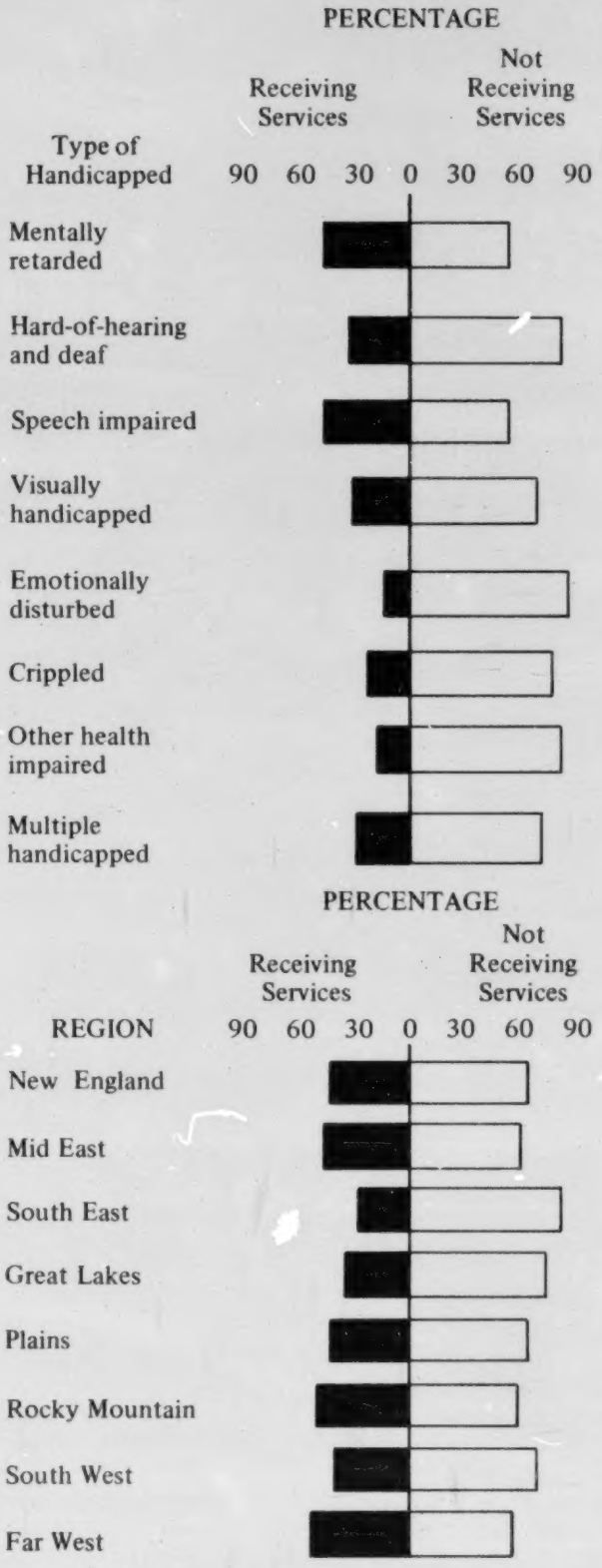
The national estimates are far less important than the state and local facts about these children. As needs assessment surveys are completed in the states, and their findings transmitted to the local school districts, then the true dimensions of the problem will be known. Getting this kind of district-by-district information is an immediate objective for school boards and administrators.

Who Is Likely To Be Helped?

The speech impaired child is the most likely to get help, with the mentally retarded next and the emotionally disturbed last. When the delivery of services by handicap is charted, the picture looks like this: (See opposite column.)

The chances for the child getting educational help have depended on geography as well as handicap. Here is a chart of the delivery of services by region:

However, this situation is changing as the result of new state laws and also because school districts with sparse populations are now pooling efforts for the handicapped.



Diagnosis: Important First Step

Diagnosis of handicapped children has been a catch-as-catch-can process in most school systems. As one result, large numbers of children go through school with their handicaps unidentified. The lack of systematic procedures has also been marked by misdiagnosis, lack of reevaluation at specified intervals, and little follow-through in the way of prescriptive educational remedy to meet the problems found in the diagnosis. All of these factors are being attacked in many places and replaced by good diagnostic and placement programs.

In 1971, California passed a law prohibiting schools from placing children in classes for the mentally retarded without a thorough psychological examination. The bill was designed to meet the claims of the parents of minority and non-English-speaking children that the students were being dumped into classes for the mentally retarded because psychological tests were administered in English. A variety of cases on this point are now before the courts.

The IQ test itself, often the sole instrument used in determining whether a child is classified as mentally retarded, is under fire from minority and disadvantaged groups. This attack is in line with the arguments used against the IQ test. These arguments hold that the IQ test is culturally biased to favor the white middle-class child. Culture-free tests and reliance on measuring tools other than IQ tests – a discernible pattern in many schools now – will help prevent misdiagnosis of the child from low-income background or from a non-English-speaking home as mentally retarded.

The prevalence of misdiagnosis is especially noted regarding retardation. One study revealed that "as many as 80% of the individuals diagnosed as retarded by a single criterion may be found to be nonretarded if all . . . criteria are brought into play." Another study tested 378 11-year-old children in educable mentally retarded classes in the five-county greater Philadelphia area and found that 25% of the children had been wrongly diagnosed and placed.

Early Diagnosis: Early Intervention

New technology and new attitudes are combining to identify disabilities as early as possible, with the hope of correcting many of them before the child gets to the school door. Early screening of children, some of it done in infancy, is becoming widespread. Dr. Virginia Apgar of The National Foundation, long an advocate of screening for defects at birth, has developed a checklist for doctors and nurses to use with newborn children. The National Foundation (800 Second Ave., New York City 10017) has a booklet on birth defects and other publications on related topics.

Proposals for mandatory national screening of infants have been made by many child development experts, although there is less than total agreement on whether mental and emotional problems diagnosed in infancy are reliable. Dr. Sibylle Escalona of the Albert Einstein College of Medicine claims that experienced people can select at the age of 8 or 9 months those infants who are not within the range of normal emotional-social development. But Dr. Raymond Starr of Detroit's Children's Hospital counters that "you cannot take the response of an infant at face value any more than you can take the response of a used car salesman." Continuing the dispute, Dr. David Crowell of the U. of Hawaii has said it is possible to recognize the origins of intellectual behavior as early as four months.

Head Start screening programs have uncovered countless health deficiencies and provided correction of disabilities that would, if gone uncorrected, have been roadblocks to learning. Day-care centers, nursery school and kindergarten programs are concentrating on learning how to identify handicapping conditions.

Moves Toward Identifying and Diagnosing

A diagnostic center in **Bartlesville, Okla.**, which serves a 10,000-square-mile area, has a special education consultant, a psychometrist, a speech pathologist and a counseling specialist. During its first year of operation in 1971, it tested 364 children in 17 school systems and conducted 41 workshops for teachers in the area. The center, working with a cadre of trained volunteers, recently gave all kindergarten pupils in the state a battery of diagnostic tests. Six percent of the children were found to be high risk and 22% medium risk for first grade. A review of the test results on the "no risk" group turned up 4% who exhibited symptoms of learning disabilities.

Paul Davis, the psychometrist on the Bartlesville team, says "only the surface has been scratched. If we are ever to survey the educational needs of the children in the state of Oklahoma, diagnostic and

prescriptive services must be readily available to all children."

The Haverford Township School District in **Havertown, Pa.**, employs a psychometrist, two psychologists, two consulting psychiatrists and a home and school visitor on its diagnostic and placement team. Test results obtained by the psychometrist are evaluated by the psychologists, who also interview the parents and the child. Children, except those found to be emotionally disturbed, are recommended for placement in an appropriate program by the psychologists. Emotionally disturbed children are examined by a district psychiatrist before placement is recommended. The home and school visitor works closely with the psychologists, providing the team with background information on the home and school life of the pupils.

Before placements are approved, they must be reviewed by the State Bureau of Special Education and parents must be informed if a child is to be moved in or out of a special education program, with the right to a hearing by a state-appointed officer if they disapprove the placement.

The **Huntsville, Ala.**, schools started a diagnostic and placement program in 1969, with four teachers working in two elementary schools. In the second year, the program expanded to 28 teachers in 59 classrooms at all educational levels. One of its unique features is the diagnostic resource room.

Children who are thought to be having learning difficulties are scheduled for part of their day for two weeks in the diagnostic resource room, an intermediary step between the regular classroom and a special class. During this two-week interval, a complete educational assessment is made by the diagnostic teacher and critical observations made by the regular classroom teacher. The two teachers work together to find not only the child's weaknesses but his strengths.

Because of careful diagnosis, the children in the program have been helped to stay in their regular classrooms for most of the day, going to resource rooms only for help in their areas of weakness. The help given follows a learning prescription written jointly by the regular classroom teacher and the special education teacher.

Among the side benefits of the project, the regular classroom teacher's attitude toward the learning disabled and other handicapped improved; and absenteeism among the students involved dropped from 11% to 8%.

An ESEA Title III project in **Ohio** is working toward developing a model assessment and placement system for the educable mentally retarded, learning disabled, and pupils with behavior disorders. Participating are Akron, Canton, Cincinnati, Cleveland, Columbus, Dayton, Toledo and Youngstown. The first step was to develop and field test a descriptive checklist on pupil behavior. A group of teachers of the mentally retarded listed 400 types of behavior that would indicate a pupil's need for special education. This was later reduced to 40 items. Similar checklists were developed for the emotionally disturbed and learning disabled.

The project then set out to identify the testing instruments that are most reliable. The instruments include measures of intelligence, achievement, adaptability in the classroom and home, conceptual skills, visual and auditory perception and self-concept.

Procedures to protect both the schools and the rights of parents and pupils are an essential aim of this activity. Guidelines had been set down to provide for a conference of school representatives and parents before each stage in the procedure – from initial evaluation through program selection and placement – goes into effect.

The project will provide direct service to pupils by the end of the third year, June 1974. Project director Jack Dauterman expects "to have a model system which can be adopted by the Ohio Board of Education, and perhaps other states as well, as standards for assessment and placement of all pupils in special education programs."

Raleigh, N.C., has instituted Project Enlightenment, a program dedicated to helping children and their families while the children are in their early formative years. As part of the project, the Raleigh Emotional Development Inventory for Four-Year-Olds was developed to help parents understand the behavior and emotions of their young children.

Using information from parents, teachers and existing tests, the project developed an inventory which consists of three parts: (1) A series of short stories about children who act and feel in different ways. Parents are asked to read these and then decide how much their own child is like or unlike the child in each story. (2) A discussion of the children in the stories, in which parents comment on how the behavior of the fictional children strikes them and how they can discourage or encourage similar behaviors in their children. (3) A checklist of symptoms to help parents identify serious emotional problems in their children. If parents find their four-year-olds exhibiting more than two of the symptoms listed, they are encouraged to consult their doctor.

Locating the Child and Identifying His Needs

Procedures for locating children with special educational needs and for identifying and diagnosing their problems were proposed by the Fleischmann Commission in New York State in 1972, after a two-year study of the problem. Here are its recommendations:

* The Commission recommends instituting a statewide system of multidisciplinary diagnostic teams which would be available for all children in a given geographical area. These teams, in combination with local committees for the handicapped and regional advisory councils on the handicapped, would be responsible for all diagnosis, reevaluation and placement in their area.

* The ideal multidisciplinary team should be limited to four or five permanent members, including trained paraprofessionals who would help with the volume of basic screening. The experts on the team should include a pediatrician trained to work with handicapped children, a psychologist, a social worker and a teacher. One of the professionals with a strong educational background (probably the teacher or psychologist) would serve as liaison between the team and the classroom teacher. Preferably such a person would head the team. . . .

* Names of children with suspected handicaps would be given to the team by parents, teachers, state school and hospital administrators, and school health personnel. To assist in preliminary diagnostic effort, school health personnel should rely on results of physical examinations, and tests of vision, hearing, speech and motor coordination. Mandatory testing in speech and motor coordination should be added to the battery of required tests to improve the screening procedure, and the whole battery given every year in the four lowest grades where the chances of detection of disabilities and learning problems are highest, as well as in seventh and tenth grades.

* Suggested placements made by the teams would have to be approved by the district committee for the handicapped, a group to be reconstituted and composed of both professionals and parents of handicapped children in the local school system. . . . The district committees would be required to review annually the educational status of each handicapped child from their district. . . .

Chapter 6

Delivering Educational Services To the Handicapped—Part I

Changing laws to extend educational rights to the handicapped, locating them, diagnosing their problems correctly and placing them in a variety of educational settings are all preliminaries in any program for serving children with special needs. The most important aspect, however, is in providing the kinds of training and education commensurate with the needs and abilities of these children.

Some children have more than one handicap and, therefore, require double or triple the help needed by a child with a single handicap. Deafness and blindness frequently go together. Those who have hearing disabilities may also have trouble in speaking. It is not unusual for a mentally retarded child to be deaf, blind or crippled. And understandably a great many handicapped children have emotional problems caused, if not by their handicap, by their treatment.

Educators who specialize in helping the handicapped caution against the dangers of over-concentration on the child's disability. Most blind children can, after all, hear; most deaf can see. And it is a truism among experts that "most blind children can see." The promising programs are those that focus on the residual abilities, not the disabilities ("what's left, not what's missing").

THE BLIND AND PARTIALLY SEEING

When the New England Asylum for the Blind was established in 1829, it constituted the first educational effort for the blind in this country. With the invention of Braille in 1820, a way to teach the blind to read and write had been found.

But it was not until 1900 that the first day class for the blind opened in Chicago as part of the public school system. In the next 10 years, other cities – Cincinnati, Cleveland, New York City, Detroit, Los Angeles, Minneapolis and St. Paul – inaugurated public school programs for the blind.

From the start of the public school programs, blind and partially seeing pupils have been kept in segregated classes, although efforts have been made to integrate them with seeing children. Those efforts are now accelerating. Itinerant teachers for the few blind children who may be in a school district have been used for two decades by the public schools and their use is becoming more common.

Educational efforts for the blind come under a variety of auspices. In most states, financing of the programs is a combination of state and local responsibility. At the state level, the responsibility can be centered in the state department of education, as it is in California, or in a special agency, such as the New Jersey's Commission for the Blind.

In addition, there are federally funded projects to help the blind and partially seeing, their parents and their teachers. A prime example is the network of Special Education Instructional Materials Centers (SEIMC) listed on p. 59. The American Printing House for the Blind (APHB) at Louisville, Ky., is another creation of the U.S. government which has been of great value in educational efforts for the blind. A catalogue of the materials available may be obtained at no cost from APHB, 1839 Frankfort Ave., Louisville, Ky. 40206.

The Division for the Blind and Physically Handicapped of the Library of Congress (Washington, D.C. 20542) operates 59 regional libraries equipped with braille books, recordings, tape recordings, and large print books. Services are free to registered users.

Teaching the Blind

The main educational problem is how to help the blind or partially seeing child learn to cope with a seeing world. Much depends on whether the child has had poor or no sight since birth, in which case many concepts are nearly impossible to get across to the learner. A child who has never seen

sunlight, for instance, finds it difficult to comprehend the concept of light. Such conceptual learnings have to be conveyed through the child's other senses, such as the warmth of the sun.

Many of the problems of the blind are psychological. Helping the blind or partially seeing child realize he can learn to take care of himself is the central focus of many teaching efforts. Learning to adapt to a seeing world, even to the extent of turning on lights for the benefit of the seeing or looking toward someone who is talking, are skills the blind or partially seeing must be taught. Schools often find they must work with the parents, too, urging them to foster independence in the blind child.

A federally aided program for the blind recently revealed that about one in four visually handicapped persons can get around unaided, due to mobility training. With this type of training, the visually handicapped are taught to locate stairs and go up and down, maintain a straight line when walking, locate street intersections without curbs, and judge traffic sounds. About 80,000 persons are involved in this program, including many of school age.

Technology is on the side of the children with poor vision. Starting with the typewriter, an invention intended originally for the blind, there have been great advances in getting materials for reading, writing and math into the hands of the blind. Talking books, raised maps, measuring cups with raised markings for home economics classes, math materials geared to touch rather than sight are a few of the many learning materials now available.

The main trends in education of the blind are:

- Removing them from residential care into the mainstream of public school education. (School attendance for the blind has increased from 11.3% to 14.2% in the past few years. The number graduating from high school has doubled from 5.6% to 10%, as has the number of blind college graduates, from 2.4% to 4.3%.)

- Involving blind and partially seeing children in heretofore closed programs, such as physical education, and training the teachers of those programs in how to involve the youngsters.

- Greater use of paraprofessionals to help in the classroom as bridges between the classroom teacher and the visually impaired.

Moves Toward Educating the Blind

An experiment at the Sierra High School in Whittier, Calif., is aimed at changing attitudes of teachers and seeing students toward those who are blind. The aim of the venture, launched in coeducational freshman health education classes in the high school, was to remove stereotyped attitudes, such as pity, the belief that the blind are helplessly incapacitated, and the assumption that all blind people are alike. The students discussed their attitudes and biases, studied the aids blind people use, and practiced traveling while wearing a blindfold and using a long cane to experience what it would be like to be sightless. The experiment lasted for five instructional periods, and involved 215 sighted pupils in groups of 30. Results in improvement in attitude and understanding were so encouraging that the program has been made a regular part of the school's health education classes.

Leon County's Astoria Park Elementary School, Florida State U.'s Industrial Arts Department, and concerned Tallahassee citizens worked together to develop an industrial arts program for the visually handicapped children. The program provides industrial arts experiences for the visually handicapped children of Astoria Park, while offering preservice experiences for industrial arts majors at the university. The prospective teachers teach three to six visually handicapped children four hours a week and then spend two hours a week in a seminar dealing with the methodology of teaching the handicapped. The children are first acquainted with the tools, materials and processes, and then taught how to use them in creating industrial arts projects. The children gained better understanding of math and science as they made concrete applications of measuring and of such scientific phenomena as speed, friction, leverage, expansion. Teachers said the students' enthusiasm for the course resulted in self-confidence and pride in their achievements.

In Sumter, S.C., efforts to integrate blind children with regular classes have brought noteworthy results. One teacher, for instance, teaches the blind children to write by twisting pipe cleaners into the shapes of letters which the students can feel. Some of the other devices that help in educating the children include braille writers, an IBM typewriter that produces braille, an opiscope that enlarges print for the partially seeing, a special foreign language typewriter, relief maps, braille clocks, and tape recorders.

The Iowa Commission for the Blind is working with American College Testing Service (ACT) to develop college admissions tests in cassettes for the blind. ACT tests are now available in braille or large-type test booklets, but the cassettes will enable blind students to take the tests in their local areas rather than at distant test centers.

The Washington State Dept. of Public Instruction installed a closed circuit television unit in a Granite Falls, Wash., classroom that enlarges regular size type material for children with visual problems. If the "seeing machine" proves successful, the equipment will be installed in other school systems in the state.

The Michigan State Board of Education has authorized purchase by the Michigan School for the Blind of some 300 acres of land near Greenville for an environmental education and nature center for blind and other handicapped Michigan children. The land will be used as a year-round outdoor education camp for all children in Michigan public schools who have significant visual losses.

THE DEAF AND HARD-OF-HEARING

The first school for the deaf in the United States, the American Asylum for the Deaf (now the American School for the Deaf) was established in 1817 at West Hartford, Conn. Today, almost every state has at least one residential institution for the deaf. Gallaudet College in Washington, D.C., established in 1856, remains the only college for the deaf in the world.

Deafness is a relative term, referring to loss of hearing beyond 15 decibels, a unit of measure expressing magnitude of sound power and sound pressure. The term "hard-of-hearing" is used for those who have some residual hearing that can be functional through the use of amplification, such as a hearing aid. The truly deaf have a hearing loss so severe as to shut out discrimination of speech through hearing.

Technology Against Deafness

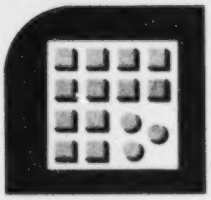
Electronic technology is making such rapid strides that new hope for the deaf and hard-of-hearing has been generated recently. One new technique, called infracode, permits the deaf to "hear" through the network of nerve receptors in the skin. It works by putting an oscillator, about the size of a wristwatch, on the skin and linking it to a machine. The person so equipped has a painless vibrating sensation for every syllable spoken into a microphone. These vibrations, passed along to the brain, are experienced as sound. Not everyone can benefit. Success depends on age, motivation, and the severity of the deafness; but the majority of those treated so far are in better contact with spoken language than ever before.

An experiment now being conducted by the Pennsylvania State Dept. of Education is testing a system called Verbotonal teaching, involving the use of infrasound to transmit the vibrations of sound and speech to the brain. The first experiment in 1971 involved 50 children from ages 3 to 5 at the Western Pennsylvania School for the Deaf. Their gains were compared with a control group and, at the end of four months, the speech production of the children in the Verbotonal group was much higher than those receiving the traditional type of training for the deaf. They spoke more, and the quality of their speech was much higher. The experimental group was also able to use lipreading skills more readily than those taught by conventional methods. Probably as important was that the Verbotonal group scored much higher in social competence than the other deaf children.

A Problem of Communications

The major problem in educating those with hearing impairment is helping them to communicate and to receive communications. Until now educational programs have failed to meet communications needs. Children identified as deaf or hard-of-hearing are victims of illiteracy, very low reading ability, and general retardation in school. Only 10% of deaf children who finish high school go to college – 7% of them to a special arts and science program for the deaf, and only 3% into regular colleges and universities. The unemployment and underemployment of the deaf and hard-of-hearing are other measures of education's failure to help them with their needs to interact with people.

A serious hazard for the deaf and hard-of-hearing child stems from the difficulty of teaching him language. Some recent studies claim that many hard-of-hearing children are classified as mentally retarded, with their hearing impairment undiagnosed, thus their language problem unattacked. W. Russell Jones Jr., director of Alaska's Division of Instructional Services, says teachers and administrators generally don't know how to spot the



EDUCATING CHILDREN WITH SPECIAL NEEDS

CURRENT TRENDS in School Policies & Programs

Their Commitment is to Help . . .

Good, practical state legislation is a fundamental step if the handicapped are to get any real aid. But such legislation is not easy to write. It must meet those very special needs that come from a different understanding of the world of the handicapped child. Many states are finding help in the Handicapped Children's Education Resource (HACHE) project, which is administered by the Council for Exceptional Children (CEC) and funded by USOE's Bureau of Education for the Handicapped. HACHE serves as a clearinghouse for information on state legislation related to the needs. It draws not only on its own resources but on CEC's extensive experience in promoting good working relationships among state governments, legislators and educators.

Most states face an urgent need to develop programs now and yet they can't act fast. To help them, HACHE locates technical and research assistance, promptly publishes the latest information on financing and programming for the handicapped, disseminates information on new legislation, keeps government officials in touch with the latest thinking on the problems of the handicapped and possible solutions that are being considered in other parts of the country.

"We're not trying to sell a certain set of standards. We're trying to help officials recognize the problem," said Gene Hensley, HACHE director. The project's top priority is to get centralized activity on behalf of the handicapped in all states. "We're trying to work with each state, providing them with all the help we can to guide them to good legislation," Hensley said. (For more information, write HACHE, 300 Lincoln Tower, 1860 Lincoln St., Denver, Colo. 80203.)

hard-of-hearing child and tend to lump him with the mentally retarded. More adequate diagnostic teams and training of classroom teachers to recognize students with hearing losses, says Jones, would lessen this misclassification. In addition, the usual intelligence tests depend so greatly on language as a measurement of intelligence that the deaf children are unfairly penalized.

Since about 85% of communication is oral, the deaf or hard-of-hearing person is at great disadvantage in the work-a-day world. This leads to an argument that has raged from the beginning of efforts to educate the deaf: whether to use some kind of manual method of "speaking" or to concentrate on the oral approach using lipreading. Most experts agree that the ideal would be the oral approach – which is the trend – but the realities of giving the deaf person a way to communicate keep sign language and other manual systems alive.

The trend toward placing the deaf child in the normal classroom puts heavy burdens on the regular classroom teacher. Even if the child can read lips, the teacher must maintain eye contact with the child – "He turns his head and you're lost," says one teacher. Besides, some sounds are very hard to transmit to the child who reads lips. Itinerant teachers or skilled teachers in resource rooms are now being used in more and more school districts, but the shortage of such specialists is critical.

The deaf child ordinarily has psychological problems, based in part on the isolation he feels and also on the dependency he develops as the result of his family's attitudes. Parents, understandably, are afraid that the deaf child will get hurt, because he does not hear warnings of danger – the sounds of a car coming, water running or fire crackling. Recent experiments in teaching parents ways of training children other than vocal reinforcement help "the mother let go of the child's hand." Sending teachers into the home to train parents before the children enter school is one way public schools give the child the independence and language training he needs to enter the regular classroom.

The Hard-of-Hearing Child

While the profoundly deaf child can get an education – often an excellent one – at the state residential schools, the hard-of-hearing child is more likely to remain unidentified. Or, if identified and fitted with a hearing aid, he often sits in a classroom with nothing more done to help him, especially in reading and writing. A variety of experiments using the Initial Teaching Alphabet (a learning alphabet developed by Sir James Pitman in which each of the 44 symbols has only one sound) is helping many children get beyond the sound confusions of the traditional ABCs. But these experiments are not widespread. The average hard-of-hearing child remains largely without proper educational attention.

The plight of the average hard-of-hearing child in the ordinary school is illustrated by a study conducted in a Maryland county. All children in the second, fourth and sixth grades had been given an audiometric screening by trained technicians. If hearing losses showed up, the child's parents were notified. Yet, it was found that many parents ignored even two or three letters about their child's impairment. When the parent did respond by getting the child a hearing aid, no educational program for the child was provided. Nor did the school keep any central records of hearing test results. Such inattention by both schools and parents is changing.

The greatest promise, experts say, lies in early intervention, before the child's attitudes about his deafness are set and before the family has inculcated dependency habits. With new state legislation mandating education of all handicapped, including preschoolers, early intervention efforts are expanding at an accelerated rate.

Moves Toward Educating the Deaf

Captioned films for the deaf have been available for many years, but a new development may lead to captioned television for the deaf. The National Bureau of Standards has invented a device called a captioning module. An electronic signal is added to the TV picture at the broadcast source. The signal is really a scrambled message, invisible on the screen without another module attached to it. The module on the TV set unscrambles the signal and flashes a typed translation much like a movie subtitle. Up to 400 words a minute can be transmitted, but, since few can read that fast, it is slowed down to a more readable pace. Cost of the receiving module is about $50.

A new manual sign language is being tested at the U. of Denver. The old sign language is a greatly abridged language, in which "how old are you?" comes out "old many?" The new language, devised by a deaf teacher, David Anthony of Anaheim, Calif., uses the same unabridged modes of expres-

sion as oral language.

The National Technical Institute for the Deaf, authorized by Congress in 1965, is designed to provide vocational education for the deaf. Rochester (N.Y.) Institute of Technology, the sponsoring institution, enrolled its first class in September 1968. Besides providing educational opportunities for the deaf, the Institute serves as a research center for matters pertaining to the social, educational and economic training of deaf people, and as a training center for the development of professional manpower for the field.

Special Education Instructional Materials Centers (SEIMC) in all parts of the country offer equipment and materials, including captioned films, printed masters, film loops, transparencies and books to teachers. Most of the centers concentrate on language development materials suited for deaf or hard-of-hearing children.

The nation's only federally funded model high school for deaf students is now under construction on the campus of Gallaudet College, Washington, D.C. A Model Secondary School for the Deaf has been operating for about three years, but the new facilities will allow 500 more students to enroll, and will also permit educating parents of deaf children and training of professionals.

Since many people become deaf as the result of accidents or aging, some public schools enroll adults in vocational programs for the deaf. The Little Rock Adult Basic Education Program at the Arkansas School for the Deaf is an example. The program began in 1971 for 85 deaf adults and included beginning reading and consumer education. Subsequently, a course in manual communications was added, not only for the deaf but for hearing adults who wanted to communicate with a deaf member of the family. A course in driver education was also added because the students said they could not pass a driving test since they could not read the driver's manual. Not only did the teachers teach them to read the manual, but went with them for their driver's examination.

Vocational education for the deaf is a new emphasis in many schools. The Alaska Office of Vocational Rehabilitation provides counseling, medical services and vocational training for handicapped Alaskans to help them find satisfying jobs. Thirty-four counselors and assistants in eight branch offices around the state work with handicapped youths and adults. Several deaf youths have been trained and placed in jobs in pizza parlors and take-out food restaurants, for example, in Anchorage.

Muscatine-Scott County School System in Iowa offers the First Step Preschool for deaf and hard-of-hearing children ages 2 to 4. The preschool emphasizes early acquisition of language, speech and auditory skills. Mothers and fathers attend classes where they learn the skills needed to communicate with their children and to assist the youngsters in the development of language skills.

Deaf-Blind and Other Complications

The problems of educating the blind or the deaf child are difficult, but consider the difficulties of teaching the deaf-blind child or the child who has another handicap in addition to being blind or deaf. The mentally retarded blind or deaf child is not unusual, nor is it unusual to find a blind or deaf child who is emotionally disturbed. These multiply handicapped children, although a small minority, require extraordinary services if they are to learn at all. Residential care, too often only custodial, has been the historic response to their needs.

However, the worldwide rubella epidemic of 1963-65 focused attention on the deaf-blind children. In the United States, 4,000 to 5,000 children were born with both visual and hearing impairments of a severe nature, due to the epidemic. This caused Congress to provide services to deaf-blind persons through the Regional Centers for Deaf-Blind Children and the National Center for Deaf-Blind Youths and Adults. There are ten regional centers, each providing services for five to seven states. They seek out deaf-blind children, develop consultation and training programs for parents and teachers, and promote the development of new programs and services for deaf-blind children. In their first year of operation, the centers identified 3,600 such children. Nearly 1,600 were at home, not receiving any help, and another 800 were in state institutions for the mentally retarded. The centers have managed to place over 1,200 children, youths and adults in a variety of educational, training and habilitative programs.

An example of this regional approach has been the establishment of Crisis Care Centers, short-term residential treatment facilities for both the deaf-blind child and his parents. The child's needs are assessed, parents are counseled, and the child is returned as quickly as possible to the home community to get follow-up services from local agencies.

The National Center for Deaf-Blind Youths and Adults serves any citizen of the United States. It is operated by the Industrial Home for the Blind, New Hyde Park, N.Y., under an agreement with HEW. Its purposes are to provide rehabilitation training for deaf-blind youths and adults, conduct research, provide professional and technical training for workers in the field, and promote understanding of deaf-blindness. The National Center also assists state and local agencies through regional offices in Glendale, Calif., Atlanta and Chicago.

In addition, many of the states have recently turned their attention to the needs of deaf-blind children. South Carolina, for instance, started a new federally funded effort to identify all preschool and school-age deaf-blind children. Evaluation, diagnostic and prescriptive services are also provided. For the children who cannot or will not leave home because of emotional problems, consultant services are made available at home.

Ohio is also making an effort to locate and serve deaf-blind children. Identification is the first step. Local officials then refer the children to an educational clinic approved by the state department of education. At the clinic, specialists in audiology and ophthalmology make an initial assessment of educational and medical needs. The results are given to an educational review committee which recommends placement in a setting that best serves the child's needs.

The Indiana School for the Deaf, funded by ESEA, Title III, developed a model program for multiply handicapped deaf children, ages 6 to 9. Specialists developed educational techniques, methods and materials to be used with the children in the regular classes for the deaf at the state facility. Involving the parents in the educational process became an important part of the model. The report of the experiment shows striking gains for the children in self-care, communications, better self-concept and ability to get along with the other children.

The problems of the deaf-blind child are enormous. Often medical help and almost always psychological help is needed. Because of the difficulties of teaching language to these children, many are now persuaded that early intervention is critical. Laszlo K. Stein of the David T. Siegel Institute for Communicative Disorders, and Mary Briggs Green at Americana School in Glendale Heights, Ill., have described what these children need:

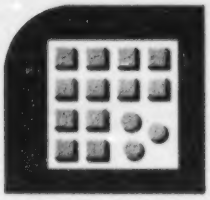
> Ideally, four types of programs may be required to meet the complex needs of deaf-blind children. First, an early management program . . . should be designed to identify and train the child who is nonambulatory, who is delayed in self-care skills, and whose potential for learning has not been determined. Second, day programs . . . should be established for ambulatory deaf-blind children who have basic self-care skills and possess a determined potential for learning. Third, residential programs should be established for children who are ambulatory, possess some self-care skills, and show signs of learning potential that can best be developed through concentrated residential teaching. Fourth, custodial programs should be established for severely involved children who have not demonstrated any learning potential.
>
> The realization of these goals depends on the cooperation of the medical and health-related professions, special education systems and state level agencies.

The Speech-Impaired

While speech correction in Europe developed under the aegis of medicine, it has developed in educational settings in this country. In 1874, Boston U. invited Alexander Melville Bell to instruct the first university classes in speech correction. The U. of Wisconsin established the first university speech clinic in 1914. Speech correction classes in the public schools began about 1910, with Seattle, Chicago, New York City and Detroit as leaders. The demands of parents and organizations for speech correction have resulted in large numbers of professionals in the field, more than in any other area of special education, most of them working in the public schools. Nonetheless, the supply is still far less than the demand.

Some 5% of school-age children have serious speech problems, most of them (3%) in articulation, the next highest (.8%) in stuttering, followed by problems due to impaired hearing (.3%), cleft palate speech, cerebral palsy speech and voice problems. Some speech problems are disappearing. For instance, the incidence of stuttering is less than it was a decade ago, probably because of better parental education about stuttering.

It is difficult to generalize about speech problems both because their origin plays an important role and because the reaction of "normal" people has a strong effect on the speech-impaired. If the cause of the problem is medical, then there are



EDUCATING CHILDREN WITH SPECIAL NEEDS

CURRENT TRENDS in School Policies & Programs

Victory for the Child with Special Needs

On August 1, 1972, the U.S. District Court for the District of Columbia issued a landmark decision in *Mills v. Board of Education of the District of Columbia*. The plaintiffs — children who had been excluded from the public schools of the District of Columbia because of alleged mental, behavioral or physical disabilities — brought a class action suit against the Board of Education and other school officials.

It is hereby granted, and judgment is ordered as follows:

1. That no child eligible for a publicly-supported education in the District of Columbia public schools shall be excluded from regular public school assignment by a rule, policy or practice of the Board of Education of the District of Columbia or its agents unless such child is provided (a) adequate alternative educational services suited to the child's needs, which may include special education or tuition grants, and (b) a constitutionally adequate prior hearing and periodic review of the child's status, progress and the adequacy of any educational alternative.

2. The defendants . . . are ordered [not] withstanding, refusing to otherwise continuing to effect any and all rules, policies and practices which exclude plaintiffs and the members of the class they represent from a regular public school assignment without providing them at public expense (a) adequate and immediate alternative educational or tuition grants, consistent with their needs, and (b) a constitutionally adequate prior hearing and periodic review of the child's status, progress and the adequacy of any educational alternative.

3. The District of Columbia shall provide to each child of school age a free and suitable publicly-supported education regardless of the degree of the child's mental, physical or emotional disability or impairment. Furthermore, defendants shall not exclude any child resident in the District of Columbia from such publicly-supported education on the basis of a claim of insufficient resources.

4. Defendants shall not suspend a child from the public schools for disciplinary reasons for any period in excess of two days . . . without affording him a hearing . . . and without providing for his education during the period of any such suspension.

possibilities of surgical correction. If the cause is psychological, the defect may be transitory – such as the case of a "stuttering" child whose parents were recently divorced. Many of the milder problems might fade away if people didn't laugh at the stutterer or the child who lisps. Public education of the "normal" population about speech problems would help greatly in dealing with the speech-impaired, as it would with all categories of handicapped, especially since the children with speech defects are more likely to be in the regular classroom than are other handicapped children.

Studies conducted at the Menninger Foundation have shown that certain speech problems reflect psychological problems. Some 80% to 90% of all psychiatric patients have speech problems, as against 5% in the general population. Menninger doctors found links between specific speech disorders and specific psychological problems. For instance, substitution of "w" for "r" is often associated with aggression; two speech abnormalities indicate self-destructive tendencies; lisping is linked with emotional immaturity; trouble with the "s" sound is related to anxiety; and the substitution of "f" for "th" may stem from child-parent conflict.

Two kinds of children that manifest severe speech difficulties present problems often beyond the capabilities and resources of the classroom teacher – the deaf child and the autistic child. The educational problems for the deaf child, as noted earlier, center mainly around the problem of communications. The autistic child, in addition to his inability to relate to people, ordinarily does not use speech at all. Many autistic children have no provision made for services and so are kept at home. Parent organizations are now hopeful that new court rulings and state laws will provide education as a matter of course for autistic children.

For the child with less grave speech problems, an increasing number of public school programs include speech and hearing clinics – many of them organized regionally to serve several school districts. Another trend is the resource room within a school, where children go for part of the day to receive special help. A third general practice is the use of itinerant teachers who work with the child and his teacher in the classroom. A USOE conference report, entitled "New Directions in State Planning for Children with Communication Disorders," delineates a wide variety of speech and hearing programs in the schools. Copies of the report are available from the ERIC Document Reproduction Service, 1700 Shaw Ave., Cleveland, Ohio 44112.

Three programs indicate the direction in which speech correction is moving.

- A pilot project, serving Des Moines, Henry and Louisa counties in Iowa, is directed toward using behavior modification techniques with children who have articulatory disorders. The federally funded project, now in its second year, employs communications aides to work with 258 articulatory disordered children in the tri-county area. Initial results indicate that aides can correct minor articulation problems in a short period of time.

- Boise, Idaho, has an Auditory Perceptual and Language Development Training Program for children with auditory perceptual problems severe enough to interfere with learning. Speech and hearing experts administer diagnostic tests, select the children and organize classes with two children in each class. The children learn to discriminate gross sounds and environmental sounds and proceed to the discrimination of speech sounds. Listening skills are taught. Classroom teachers in the project receive in-service training in workshop sessions from specialists. A substantial library of resource and instructional materials has been gathered for loan to project classrooms.

- In Houston County, Ga., the Speech and Language Development Project, originally funded by ESEA for three years, will now be carried on by the county school system. Its purposes are to provide therapy for speech and language handicapped children, to train teachers to recognize speech and language problems, to acquaint teachers with methods of providing follow-up instruction, and to assess the effect of improved speech and language on reading achievement. Evaluation in 1973, after the original grant, indicated substantial achievement of all four goals. In addition, the project has developed suitable instructional materials for meeting the needs of the children.

Chapter 7

Delivering Educational Services To the Handicapped—Part II

THE MENTALLY RETARDED

The usual labels for children with limited capacity to think and perform are educable mentally retarded (EMR) and trainable mentally retarded (TMR). The EMR are ordinarily classified as having an IQ between 50 and 75, and the TMR between 30 and 50. Below an IQ of 30, a mentally retarded person usually requires institutionalization.

But the entire field is fraught with qualifications, charges of misclassification of the poor and of minorities, and general frustration. Medicine, psychology, sociology and education are involved in arguments about what to do and what not to do with regard to this group of children. Some specialists would like to concentrate on prevention, instituting widespread campaigns to get all potential mothers immunized against German measles – a cause of mental retardation as well as blindness and deafness. Some would simply like to get adequate food to all hungry children, since poor nutrition plays a significant role in causing retardation. Some plead for more medical research, which has produced "more answers in recent years in this field than in any other in medicine," according to one authority. Some say that when the schools truly begin to concentrate on each individual child's learning problems, the need for calling any child mentally retarded will disappear.

Action for the Mentally Retarded

More promising than concentration on any one aspect of the problem is concentration on all. For, in the past few years, beginning with President John F. Kennedy's interest in the problem, stemming from his sister's retardation, action on all fronts has accelerated.

Mental retardation is a problem that affects many. There are well over six million retarded persons in the country, and their numbers are increasing at a great rate, in part because of more widespread identification. For every two children who are blind, for every four with cerebral palsy, for every seven with rheumatic heart disease, 30 are mentally retarded.

It is now believed that virtually all mentally retarded children can profit from education. But arrival at that conclusion has been a long-term process, especially with regard to the trainable retarded. Although a few public school classes for the retarded were in operation earlier in the century (1929 in New York City, 1934 in St. Paul), until about 1950 the public schools tended to leave the "below educable" group to some other public agency, to private schools and to parent groups. Nearly every state has a residential facility for the mentally retarded, and now most states, under the spur of new laws, are providing training and education for them in the public schools. The Pennsylvania decision is regarded as a landmark in the education of the mentally retarded. (See p. 12.)

The educational problems are complicated by the fact that retarded children often suffer from other handicaps as well. Epilepsy appears among these children more than in the normal population. Visual and auditory defects are also more prevalent, and speech disorders are common.

In part, educational programs for the mentally retarded aim at slightly different goals than the regular academic program. The stress falls on helping these children become independent adults, and so programs for them are more vocational and adaptive than academic.

The National Assn. for Retarded Children, which has been influential in getting public agencies to assume responsibility for the education of the retarded, advocates prevention and early intervention, but also stresses the need for better diagnostic facilities, home nursing programs, specialized nursery and day care centers, special classes in public and private day schools, camping

and recreational activities, sheltered workshops, employment services and, when necessary, residential institutions.

Even though as many as 25,000 trainable children are enrolled in special classes, says the association, only about 25% of those in need are being reached. Even though vocational rehabilitation services have intensified in recent years, much remains to be done to give students useful skills and to convince employers that they should hire the retarded. Even though some 250 sheltered workshops have been established in the last decade, many communities still have no such place for the retarded to be trained or given long-term sheltered employment.

Many of the new state laws regarding the handicapped provide for education up to the age of 21, a recognition of the need for extended training, especially for the mentally handicapped.

Many today would like to see the mildly retarded in the regular classroom. They argue that, in most cities, that is where they are anyway – unidentified and given no special help. Questions are being raised about whether special classes for the mildly retarded do any good. Robert H. Bruininks of the U. of Minnesota says that the "available evidence is less than conclusive; it is basically uninterpretable." According to him, "The lack of empirical support for special classes, combined with increased legal pressures and professional consciousness, have created concern over the issue of how educators . . . . should respond to the needs of mildly retarded children."

One way to impress upon the public the needs and problems of the mentally retarded has been suggested by Erwin Friedman, director of the National Children's Center and a child psychiatrist on the staff of George Washington U.'s School of Medicine. He advocates making it extremely difficult to commit children to institutions for the retarded. He adds, "The hotel services offered by hundreds of huge institutions are in most cases completely superfluous and drain off tremendous amounts of public funds that could be used to build the most magnificent network of community services across the nation." He also believes that "all boards of education should be directed by the courts to accept full financial responsibility for all handicapped children from 2 to 24 years of age, even if services for them have to be purchased from other public or private facilities. Federal and state funds should cover 50% of these expenditures on the part of these boards of education."

Those suggestions were made in 1971. Since then, the country is a great deal closer to such a plan than Friedman might have dared hope when he spoke to the Citizens Conference on Children and Youth.

Programs for the Mentally Retarded

Some of the innovative programs in the schools do not have an avowed aim of meeting the problems of the mentally retarded, but help nevertheless. For example, better diagnostic and prescriptive programs aimed at individual learning problems may, in effect, serve to prevent children with learning difficulties being classified as mentally retarded. Similarly, many of the preschool programs, even those not specifically aimed at helping the mentally retarded child, will have the effect of nipping in the bud what could develop into something which could be labeled "retardation" later on. Further, as the schools and the public accept individual differences without assigning labels to them, all handicapped children, including the retarded, will begin to be valued for what they can do rather than disdained for what they cannot do.

States and communities are engaged in experiments designed to deliver services to the mentally retarded across a broad spectrum. Here are a few of the state programs:

- Massachusetts is in the process of closing its big residential institutions and is working toward smaller, regional facilities that feature out-patient services and day-care, as well as residential care. This is one of the newest trends in the country.

- A Nevada Vocational Training Program for the Mentally Retarded, conducted by the Nevada State Dept. of Education with federal funding, serves about 30 educable mentally retarded at a time, two-thirds of them male, most of them 19 to 23 years old. Each student is trained for a job in his community, in a one-to-one teacher-trainee relationship. Since the students have difficulty generalizing about work skills, the trainer first goes to the job site and finds out what specific skills are required. Then the trainer teaches those skills to the trainee. The Division of Rehabilitation provides an incentive wage to the trainees.

Searching for the Mentally Retarded

When Pennsylvania undertook to provide suitable education for its mentally retarded in 1972, the first task before officials was finding the individuals who deserved and required education. "We had no idea how many mentally retarded children and youth we would have to provide for," Donald M. Carroll, Pennsylvania's commissioner for basic education, told a House Subcommittee on Education early in 1974. "Our approach was to develop a sweeping plan we called COMPUTE, the Commonwealth Plan for Identification, Education and Evaluation of Mentally Retarded Children. This called for a coordinated effort by the state Secretaries of Education and Welfare, and under the Governor's direction, any other state agency which could help."

According to Carroll, the search for the mentally retarded then involved the following steps:

- A most diligent search through the records of local school districts, intermediate units, county mental health and mental retardation units, state hospitals (including waiting lists) and interim care facilities.
- Selective house to house canvassing.
- A 24-hour toll-free telephone service to receive reports of mental retardation cases.
- Widespread publicity in the press, radio and television about the search.

Once names and addresses of individuals have been located, tests followed a thorough evaluation of each child or youth, assessing his motor development, conceptual development, communication and cognitive skills, self-care and self-help ability and social interaction.

"We believe we have developed the most complete identification system of mentally retarded children in the world," Carroll concluded.

- The state of Ohio has involved 1,000 teachers of educable mentally retarded students in writing and field testing behavioral objectives for these children. The teachers also developed a set of teaching strategies for 14 content areas they identified as important for education of the retarded, from primary level through senior high school. The enthusiasm generated by the teachers' participation in this federally funded project led to their questioning whether special class placement was the only model Ohio should be using. Experiments are now going on in trying a modified self-contained classroom, mainstreaming, and half-day placement.

- California, starting in 1971, created a network of facilities to deliver a range of services for its 200,000 retarded, including diagnosis and counseling, plus guidance for parents. Moves are underway to integrate the educable mentally retarded children of the state into the regular instruction program for the public schools. The state legislature has provided funds for additional personnel and instructional materials.

Training for Work and for Living

Many local programs for the mentally retarded have a strong vocational emphasis:

In **Cedar Rapids, Iowa**, the Actual Life Experience program aims at helping educable mentally retarded with reading difficulties and to develop salable skills to get a job. One group of sophomore students, for instance, takes academic courses in the morning and in the afternoon goes into mini-courses that simulate jobs they might fill.

The Work Opportunity Center in **West Springfield, Mass.**, serves a cluster of communities and school systems. The vocational training is done at in-plant locations with the cooperation of participating businesses. Training is provided in food service, health services, clerical and sales work. After the students complete the program and are placed in jobs, their work is supervised by the project staff for a year.

Before facing the challenges of actual work, retarded senior students at **Medford (Ore.) Mid High** learn about work opportunities in the community through films, visits to work sites, and meetings with businessmen. A special program focuses on the social and vocational skills needed to get and hold a job, including proper attitudes toward a job, grooming, safety, filling out applications, reading want ads and being interviewed. Students are trained for jobs for which there are specific openings in the community.

Other local programs have broader aims:

The Alleghany County Assn. for Retarded Children found and equipped an empty classroom in **Sparta, N.C.**, to serve as a combination kitchen, laundry, shower room, clothes closet, workshop, beauty parlor and study hall for retarded fifth graders. Volunteer tutors and teacher aides work with the children to teach nutrition, grooming, cooking and sewing, and lend a hand with their schoolwork.

The emphasis is on recreation for the retarded in **Hayfield, Va.**, where students from ages 7 to 21 follow a summer program that includes physical education, trips to a swimming pool, industrial shop projects, daily speech therapy and frequent field trips.

A project in **Grand Rapids, Mich.**, working under a contract with a private corporation, is attempting to develop an instructional learning system for educable mentally retarded students. The pupils are given an individualized schedule of activities. The program is now in its second year. During the first year, 150 students whose average IQ was 59 achieved over one month's gain for each month spent in both math and reading, according to project personnel.

In **Cicero, Ill.**, parents have volunteered to work with the handicapped ages 5 to 21 at the West Suburban Special Education Center. One primary classroom enrolls 13 trainable mentally retarded children, some of whom also have orthopedic problems, visual impairment and language disorders. The volunteers provide the students with individualized instruction. As a by-product, parental interest in the school program has increased.

At the George Mason Center in **Arlington, Va.**, a videotape recording system is used to help mentally retarded children see their own performance in physical education, personal health and hygiene training. The students are motivated, it is assumed, by seeing their own improvement when they

compare a new tape with one made some months ago, doing such things as roller skating, folk dancing, performing in a play or making a bed.

In **Sharon, Pa.**, nine mothers and a grandfather were paid $12 a week to go to a special elementary school class and help teach their mentally retarded children. The principal aim of the project was to improve relations and understanding among parents, teachers and children. Some important by-products were soon noted. After four months, class averages in reading and math abilities began to climb. In a few cases, they gained more than normal children. Why pay the parents to do this? "Where would we be able to find any teacher, as interested in a particular child, to work so cheaply?" answers Jane Leyde, director of the special project.

The Emotionally Disturbed

The National Institute of Mental Health estimates that 10% of the nation's school-age children are emotionally disturbed. Less than half of those needing psychiatric care get it. Another disturbing fact: the suicide rate of children between the ages of 5 and 19 has more than doubled in the last 10 years.

When the Council for Exceptional Children recently asked the state directors of special education to name their most difficult challenge, 35 of the 50 cited the problem of serving the emotionally disturbed child. Said one state director: ". . . We are taking a lot of children that functionally are not a disturbance problem but ones in need of behavior modification, and I shudder at the things we're doing in tagging children. . . . If more work, more research were done in the behavior modification area, we might eliminate about 90% of our so-called disturbed children."

Helping the Emotionally Disturbed

Educators don't even know what to call these children. The emotionally disturbed are often grouped with the neurologically handicapped, the emotionally handicapped, or the learning disabled children. One state director commented, "We don't know which one of the 168 definitions to use."

It is only recently that the schools have recognized their obligation to do something for the emotionally disturbed. Traditionally and historically, these children have been referred to doctors, social workers, or to clergymen in whom the family placed trust. Although classes for children who were identified as serious discipline problems were started in Cleveland as early as 1890, it wasn't until the 1960s that a real incentive to serve emotionally disturbed children came about. In 1963, federal provision was made to encourage colleges to train professional personnel for emotionally disturbed children. Since then, over 1,200 students have received fellowships to further their training in this field.

Henry R. Reinert of the U. of Northern Colorado has traced the reasons for the schools' recent involvement:

> First, the number and accessibility of mental health professionals to help the emotionally disturbed have not been satisfactory. Second, the school has a captive clientele for several hours each day over a period of several years. Third, the school is in a unique position to encourage the participation of other professionals and parents in meeting the needs of each child. Fourth, the role of the federal government in funding special programs for education of exceptional children has done much to encourage school participation. Finally, experience has shown that therapy with disturbed children started early in life is usually more beneficial than therapy started after the problem is well established.

Identifying the emotionally disturbed is one of the most difficult problems in special education. The truly psychotic child, completely disoriented, is relatively easy to spot. Children with neuroses, usually displayed as great anxiety and persistent fears, present a challenge. Some of them may have anxieties that are transient and will pass when a disturbing situation, such as a divorce or a death in the family or a serious accident, fades into the past. In fact, it has been suggested by John P. Glavin of Temple U.'s Dept. of Special Education that over two-thirds of the children identified as behavior problems showed spontaneous improvement over a four-year period. This does not mean that they don't need some kind of mental "first aid" during the years when they are having emotional difficulties, however.

The classroom teacher is the most likely individual to have to deal with the problem. It is important for teachers to know how to help children cope with stress. Teachers should also

know the techniques of helping students minimize their anxieties over poor grades, and of getting along with others. Gearing the classroom to provide opportunities for success also helps students deal with stress. Simple approaches may promote emotional health among students: role-playing, debates, planning the school day with the teacher, individually prescribed learning activities that let the student achieve within his capabilities. "If a workable plan is implemented for individualizing instruction in the regular class, many problem situations will be avoided," Reinert said.

There are those who suggest that society is causing the problems by pushing children too hard and too fast. The American need to excel is even reaching down to the preschool level. The suicide rate of the young may be a clue. A major cause of death among college students today is suicide. Some suggestions for lowering school pressure include the elimination of letter grades, open classrooms and individual learning goals shaped to a child's abilities.

Another means of lowering the pressures is the use of drugs, especially for hyperactive children, probably the largest category of the emotionally disturbed. Chemotherapy has become a major issue, and has been studied by an HEW panel of scientists. The study by the 15 experts endorsed carefully controlled use of amphetamines for treating hyperkinetic children, but advised diagnosis by a doctor, close supervision of treatment and parent consent as essentials for responsible treatment programs. "It is proper for school personnel to inform parents of the child's behavior problems," reported the panel, "but members of the school staff . . . should not directly diagnose the hyperkinetic disturbance or prescribe treatment. The school should initiate contact with a physician only with the parents' consent." The drugs won't cure the child, the panel noted, but make him "more accessible" to educational and counseling efforts.

Efforts for the Emotionally Disturbed

Some of the experiments at state facilities hold promise for adaptation by local school districts. For instance, Green Valley School, located at Matteawan State Hospital in Beacon, N.Y., provides education for mentally ill children. School attendance is voluntary and the patients may be under medication. Even so, ways to teach these children have been found. "The real key," says one of the teachers, Warren L. Shapiro, "is individualized instruction with lots of individual attention." In teaching commercial subjects, he uses short courses, programmed textbooks and praise instead of grades and marks. "Many of these students have never experienced success," he says.

At another New York residential setting, Coney Island Hospital, some 600 volunteer reading tutors help students who have fallen behind in their school work. The tutors are trained by the psychiatry department of the hospital as part of its program to prevent mental illness by helping to eliminate school failure.

Sometimes a countywide effort is effective. The Center for Adjustive Education in Sarasota County, Fla., is a day school for emotionally disturbed children, begun in 1969 as an ESEA, Title III, project. Fifty children between the ages of 6 and 13 can be served at the Center. A team approach brings together psychiatrists, pediatricians, psychologists, social workers, special education consultants, classroom teachers, an audio visual expert and teacher aides.

Whether a child is admitted to the Center is a decision made from psychological data, interviews, medical histories and conferences with school officials. Those who do not gain admission to the Center are helped indirectly by the staff working with the child's classroom teacher. The emphasis in the program, whether carried on in the Center or in the regular classroom, is on prescriptive teaching aimed at the child's abilities.

In the Ipswich, Mass., public schools, a two-fold program is designed to help the emotionally disturbed. The severely disturbed, who cannot function in the regular classroom, attend half-day sessions taught by a specialized teacher and an assistant. The less severe cases are placed throughout the school system in classes carefully selected by the specialist and the principals involved. After working with the special class of severely disturbed in the mornings, the specialist visits the classes with the less severely disturbed in the afternoons. The goal of the program is to offer services without stigmatizing the children.

THE PHYSICALLY DISABLED

The term "physically disabled" is an umbrella covering more than 22 million children. Generalizations about such a vast segment of the young can only result in superficial statements. If individualized diagnosis and programming are desirable for

all handicapped children, they are necessities for the physically handicapped.

Much depends on the severity of the disability, as well as on the emotional adjustment the child and his family have made. Much depends, too, on the residual abilities of the child, who might be retarded or gifted or fall anywhere in between.

Some of the children require long-term, perhaps lifetime, medical treatment, which puts severe financial strain on the family. Some of the children are only temporarily disabled, as the result of accidents. Some of the children have slight difficulties, such as a limp, to which they have adjusted. Others, such as a bright, well-adjusted child in a wheelchair, would have little difficulty taking his place in the regular classroom if the school building had ramps. But others, especially those with multiple handicaps, can survive educationally only in a special classroom, a special school or with the help of special services.

Efforts to provide for these children stem largely from private organizations (the National Foundation, Muscular Dystrophy Assn., and such clubs as the Elks, Shriners, Lions – to name but a few) all of whom carry on active campaigns to raise money for research and services. The need to aid the physically handicapped continues unabated. The principal cripplers of children continue to be cerebral palsy, muscular dystrophy and cystic fibrosis. One handicap at least has virtually disappeared from the scene – with the discovery of the polio vaccine and a massive campaign to have children immunized, the incidence of polio dropped from 57,879 cases in 1952 to 886 cases in 1962.

Other medical breakthroughs have already been made, such as the vaccine for German measles, and medical research in progress holds promise for other advances. However, medical miracles can also increase the numbers of handicapped children by saving the lives of many who formerly would have died. Schools are often called upon to train the survivors of diseases and accidents.

Removing Barriers To Learning

A subtle form of discrimination against the physically handicapped is visible in most communities. Not only schools but most public buildings have made little provision for the physically handicapped. One example, the new subway being built at public expense in Washington, D.C., has been planned without ramps or elevators. In most communities, crippled children – and, ironically, many of their potential teachers – cannot get in or out of the schools or colleges. A flight of stairs is as real a barrier to entry as barbed wire would be.

Fortunately, these architectural barriers are being outlawed. New York, for instance, recently passed a law mandating "barrier-free" provisions for all new public school construction. Other states have similar legislation. Minimum provisions include at least one entrance that can be used by all,

An Ombudsman Could Help Nearly Everyone

"Experience has shown that parents of handicapped children – especially poor and minority parents – have a difficult time making a dent in school bureaucracies. Their phone calls are not always answered; their inquiries not always taken care of; and parents themselves often have difficulty communicating their fears, desires and perceptions about their children.

"We have found a desperate need for a nonschool ombudsman to intervene for parents and help them follow through with their complaints and their search for information. . . . It seems to me that every state plan for the education of the handicapped should formally recognize and provide for this essential function. And every school district should provide for this function because it would help remove tragic confusion and frustration of already beleaguered parents."

Patricia Wald, counsel for the plaintiffs in the famous District of Columbia case involving the rights of handicapped children.

regardless of method of locomotion, an elevator for all multistoried buildings, and one toilet room for each sex equipped with handrails and wide enough for a wheelchair.

Many schools go beyond these minimum standards, providing ramps instead of stairs, building all thresholds flush with the floor, installing handrails along all walls, putting towel racks, drinking fountains and mirrors within 3 feet of the floor, placing call buttons in elevators no more than 4 feet from the floor, installing telephones that can be operated from wheelchair level. (These and other building specifications are available from American Standards Assn., 10 E. 40th St., NYC 10018.) The Council for Exceptional Children has two reports bearing on the physical environment. One is entitled "Physical Environment and Special Education" and the other, "Environmental Design." They are the result of a research project on physical environment and special education sponsored by the U.S. Bureau of Education for the Handicapped.

Detroit's Art School of the Society of Arts and Crafts spent a year designing equipment and furniture for the physically handicapped. Among the many designs that resulted from this project was a compact taxi that can accommodate a passenger in a wheelchair.

Such a taxi gets to one of the major problems in educating the physically handicapped – transportation. To transport the physically handicapped with safety, buses have to be specially equipped and bus drivers need to be trained to deal with the physically handicapped, including learning how to lift children in and out of the bus.

But even if provision is made to get the children to school, and even if they then have no structural barriers, the attitude of their classmates and teachers toward them presents a further barrier toward integrating the physically handicapped into the regular classroom. Some people are repulsed by deformities. But more usual is the unconscious attitude that comes from focusing on the disability and generalizing from it. Teachers and students too often leap to the conclusion that children on crutches or in wheelchairs, for instance, are helpless. As a consequence, these children are left out of many activities in which they could participate.

Physical education teachers have been quicker to respond to this problem than most. These teachers are able to see that, even if a child has little use of his legs, he still has full use of his arms. They have taken the lead in involving physically disabled children in physical education activities, even coaching wheelchair basketball teams. Physical education instructors have devised ingenious ways to involve all categories of handicapped children in active programs, including the blind, deaf, mentally retarded, emotionally disturbed and physically handicapped.

Many schools now are focusing on attitudes that serve as barriers to the handicapped. A study conducted in a Palo Alto, Calif., school worked on changing attitudes. Children in grades three, four and five were asked whether they perceived orthopedically impaired children as helpless, unhappy, friendly or interesting. Ratings were made before opening an orthopedically handicapped unit in the school and again after the handicapped children came. Results showed that the nonhandicapped child's attitudes changed toward a more positive perception following integration. If familiarity changes attitudes, as this and other studies prove, then the argument for bringing the handicapped into the regular classroom is strengthened.

An argument against bringing the severely physically handicapped into the classroom is the inordinate amount of teacher attention they may require. A child who cannot hold a pencil or a book or turn a page needs constant help. Some schools find that teacher aides or volunteers who concentrate solely on helping the handicapped in the classroom can get around these problems.

New materials help, too. On the market are specially designed helmets, for instance, that hold a physically disabled child's head in a position for reading. Special school furniture, including tilt-top desks and adjustable chairs, makes the physical adjustment of the child easier.

Programs for the Physically Handicapped

The Des Moines (Iowa) Independent Community School District has a three-year federal grant for driver education and retraining of the physically handicapped. The Mobilab, a bus equipped with five Link simulators, is used for instruction, which is carried on in conjunction with the county rehabilitation center.

In Champaign, Ill., Robert Zolomij, a professor of landscape architecture at the U. of Illinois, and four of his students designed a playground suited to the needs of the physically handicapped. Features include devices to improve muscular strength, refine coordination and balance, and teach when to be daring and when to be cautious. Cost of

construction was only $1,000 because many materials were donated by local businesses.

Fairfax County, Va., uses volunteers in a summer recreation program for physically handicapped children. The eight-week program for children ages 6 to 17 is offered daily, with about 40 children showing up every day and nearly as many volunteers.

Area Cooperative Educational Services, an association of 17 school districts in central Connecticut, offers as one of its services a demonstration laboratory facility financed by the Lilly Endowment. The laboratory serves 30 children ages 6 to 16 who have severe handicaps due to cerebral palsy and muscular dystrophy. Many have multiple handicaps. Lab services include physical and occupational therapy, speech, psychological and medical help. The project director has devised special equipment and methods for the program, which include teaching the children how to eat by themselves, writing, typing and other communications skills. The facility is located at North Haven and teachers of the physically handicapped are invited to visit to see the equipment and methods in use.

The Seattle Public Schools special education program uses a team of specialists to harness technology to the problems of educating the handicapped. With a federal grant, the schools opened a modern orthopedic wing in Lowell Elementary School, where the physically handicapped try out new equipment and techniques created by the technologists. For example, the team developed a lightweight plastic helmet to help cerebral palsy students control the position of their heads. The plan is to develop prototypes of such devices that will then be manufactured by private companies.

Chapter 8

The Teachers We Have and the Teachers We Need

If, as some advocates propose, the public schools begin to offer educational services to all handicapped children, who will teach them? Even before increased efforts are made to locate, diagnose and place handicapped children in appropriate educational programs, the shortage of special education teachers is already grave. Today, about 125,000 trained teachers are working with the handicapped in various settings. An additional 250,000 will be needed to educate all the handicapped.

A major source, of course, will be the schools of education, and indications are that they are steering students into special education. In 1971, teacher education schools turned out nearly 20% more teachers in special education than they did the year before. If this trend should continue at that rate, there may eventually be a sufficient number of teachers to meet the needs of handicapped children.

Federal programs encourage education students to go into special education. Some of the government-sponsored efforts seek to guide education graduates who have been unable to find work to return for specialized training that will qualify them for work with the handicapped. The U.S. Bureau of Programs for the Handicapped makes grants to public and private colleges and universities to provide training in the field of special education. (The Division of Training Programs of BPH has a booklet on the scholarship programs available.)

The Teacher Corps in the past few years has also included programs to prepare teachers to work with handicapped children. Teacher training institutes, supported by the U.S. Office of Education (USOE) in the summer and during the school year, provide training programs for working with various categories of the handicapped.

Tutors and paraprofessionals, paid and volunteer, offer ways to reduce the current shortage. Wilton Anderson of USOE's National Center for Improvement of Education Systems has urged "imaginative and creative" school districts to train paraprofessionals to handle special teaching problems. He has noted that paraprofessionals, recruited from the same environment as the students, are often capable of dealing with the emotions, feelings and problems of these pupils. USOE's experimental Career Opportunities Program has provided federal funds for paraprofessionals working part-time for the schools while attending college. In 1973, 130 such experiments involving 800 paraprofessionals were in operation. One measure of the program's success, says Anderson, is that the majority of the 200 aides who have finished their college training were hired as teachers by the school systems where they began their work as aides.

Many schools of education are working on their own or with federal support to replan their programs for training teachers of the handicapped. A trend in many of these programs is away from narrow specialization toward a more general "teacher of the handicapped" model, so that graduates would be able to work with a variety of handicapped children rather than with only one category of handicap. One such undertaking is carried on at the U. of Kentucky.

Computer-aided instruction may be another partial answer to the special education teacher shortage. Researchers at Pennsylvania State U. have developed a computer-assisted instruction course in special education designed for regular classroom teachers. The college course, called CARE – Computer Assisted Remedial Education – is designed to help classroom teachers identify children who have problems that interfere with normal learning. Evaluation of the CARE project has attested to its success. The project is noted for its mobility. The CARE course is being widely disseminated to in-service teachers by means of a mobile van. And costs are low. Penn State estimates that, once the course is fully developed, the cost of computer tapes and other supplies amounts

to $20 to $40 per student credit, which is lower than tuition costs at many colleges.

In-Service Training: On the Rise

In-service activities for classroom teachers, designed to improve their skills in identifying and in instructing the handicapped, are increasing. The Special Education Instructional Materials Centers (SEIMC) offer classroom teachers an opportunity to get in-service training and expert help in how to use new techniques, methods and materials to help children with special learning needs.

Much of the in-service activity stresses that the regular teacher can become effective in educating many types of handicapped children; that long-term specialized professional education is not always essential.

This was one of the conclusions which emerged from a workshop conducted not so long ago by the Dept. of Special Education at Indiana U. Enrolled in the workshop were 18 elementary school teachers, working with 38 children, 6 to 12 years old, who were mentally retarded or showed learning and/or behavior problems. The teachers reported that after the workshop they felt more confident of their abilities to diagnose and teach the children. In addition to learning how to adapt their classroom curriculum to the needs of the handicapped child, the teachers also learned how to listen more attentively to the children and how to encourage them to express their feelings. Leaders of the workshop observed:

> Perhaps the most significant implication of this in-service activity is that specific skills relative to the instruction of mildly handicapped children can be isolated and taught to elementary teachers in a relatively short period of time. Given the experience and expertise that many elementary teachers possess, one may question whether or not the preparation of such teachers to accommodate mildly handicapped children in their classes needs to follow procedures as complex as obtaining a formal degree in special education.

Basic Principles for In-Service Education

Pointing to the principles that should underlie the in-service and pre-service activities of teachers for special education, Edwin Martin identified the following:

"First, teacher education should stress the belief that children, handicapped and 'normal,' are more alike than different in their basic human nature. Teachers, then, begin with a concern for human beings, with a variety of learning and behavior styles, which fall along a continuum of uniqueness. The notion that handicapped children, or black children or any such group are very different persons in very different and separate categories, is rejected.

"Second, we must recognize that helping teachers deal with the uniquenesses of children, is basically an attitudinal problem. . . . Persons in our culture tend to fear differences and change. We tend to be afraid of different races, different religious groups, persons who 'look funny' or 'talk funny.' Patterns of discrimination and segregation are shot-through our culture. Traditionally, in education we have virtually ignored the barriers to effective teaching caused by this basic human characteristic. At most we have referred to it in an academic context, but we have not developed rich, experiential educational approaches to cope with these feelings and beliefs. As a result we frequently

Where To Find Out About Training

Classroom teachers wishing to explore the opportunities in special education – and the kinds of professional training they will need to qualify for special education jobs – will get ample help from colleges and universities near home. A directory of institutions in every state with special education offerings has been prepared by U.S. officials. It is called *Special Education Careers – Programs of Professional Training in Special Education.* A copy of this document is probably available in your state education agency or at your nearest teacher training institution. If necessary, inquire about this document from the Bureau of Programs for the Handicapped, U.S. Office of Education, U.S. Dept. of Health, Education and Welfare, Washington, D.C. 20202.

see differences denied, for they are troublesome; or if they are too great to be denied, the children themselves may be rejected or excluded.

"Third, we must emphasize the common denominators, the processes of learning, and teaching. This will lead us to emphasize the study of the processes of normal development, the processes of language acquisition, the processes of changing or modifying behavior, the processes of developing values, beliefs and attitudes. We must give teachers a theoretical foundation with knowledge of underlying processes of learning and behavior as their basic tools. They can apply these hypotheses and tools to the myriad of unique situations that they will face.

"The results of reconstructing the teacher education process will be a more adequate education for handicapped and nonhandicapped children. The goal of integrating handicapped children more successfully into 'regular' educational settings and programs will be possible only when every teacher has expanded skills in dealing with a fuller range of behaviors, and when teachers' conceptions of themselves and of their skills allow them to approach this wider range of children's behavior with confidence. Obviously, these skills will benefit nonhandicapped children as they demonstrate day-by-day the variations in learning style and behavior which the normal range really implies.

"Special education as a discipline will not be eliminated by this reform, although roles will change in many instances. The role of special educators in evolving new teaching strategies, in creating new learning relationships, and in utilizing these tools on an intensive basis where children need such intensity, will continue."

Ways To Beat the Shortage

Obviously, there is no single answer to the question of who is going to teach the handicapped. Special education teachers, whether they operate in special classes, special schools, as consultants or as itinerant teachers, will continue to be needed and, for at least the next decade, in greater numbers than ever before. But the regular classroom teacher will play an increasing role and, as greater strides are made in individually prescribed learning, that role will be crucial. Volunteers and paraprofessionals will be used in greater numbers to supply the supportive help the handicapped need, whether in the regular classroom or special class, at home or on the playground. Parents of the handicapped are becoming more involved with the education of their children, as the schools work with them in supportive programs to be conducted by the family.

The large reservoir of older citizens is being tapped to help with the handicapped. The federally supported Foster Grandparent Program operates in all 50 states, with some 6,200 older people paid to work with children. For example, in Nashville, one of the pilot Foster Grandparent projects employed 50 low-income persons over 60 to work in hospitals, schools and other institutions with the handicapped. They may read to a child or help him with his alphabet or numbers, accompany the child on a walk, make popcorn, help him learn to dress, or, just as important, just listen.

Students are used, too. A program at the National Children's Center in Washington, D.C., was conducted by 10 undergraduate college students who spent from three to six hours a week working with severely handicapped children for one semester. In reporting on the experiment, Michael J. Guralnick, director of research at the Center, said: "The results strongly suggest that college students can make important contributions to the language development and general well-being of severely handicapped children. Of the eight children involved initially in the project, five made important progress."

Another use of college students is going on in Abilene, Tex., Project TOLD – Tutors of Language Disorder – helps speech-handicapped children in the Abilene public schools by providing one-to-one help from junior and senior students from three colleges in the city. A three-day workshop gives the students preservice training in general principles of teaching the handicapped, as well as in using programmed reading materials and audiovisual aids in the program. Project TOLD is now using 100 student tutors for children diagnosed as having language disorders, and the success is measured not only by cognitive achievements but by improved study habits and better self-image.

Even younger students are being used. In Los Angeles, 200 boys and girls, on a rotating basis, go twice a week from Mark Twain Junior High to McBridge Elementary School to play with handicapped children during the lunch hour. The primary-grade children play circle games, caroms or listen to records; the older children play softball, handball or just talk with their friends.

More and more programs involve parents of the handicapped. The St. Aemilian Child Care Center

in Milwaukee has been involving parents in the treatment of their children for the past five years. Parents are brought into a variety of training sessions and discussion groups with other parents and through these means develop the self-confidence and techniques to help their handicapped children. Center officials believe that parent involvement has played a big part in cutting down the length of the children's stay at the residential facility.

Chapter 9

The Public Is an Ally: How To Get Its Help and Support

Knock on any ten doors in any street and behind at least one you will find a handicapped child, says an Education Commission of the States survey. And standing with each child you will find deeply concerned parents – parents who pay their taxes to meet the educational needs of THEIR children, not just the needs of their nine neighbors.

Often those parents feel lonely – frustrated in a struggle to show the community their children have potential, but it may take something different than the regular curriculum to develop it. To do that, they need at least the ear, if not the active help of those nine neighbors. And that is a challenge for the community relations department.

There are few areas of school communications that are more sensitive than the special needs of handicapped children. But by following a few guidelines, information officers in many districts have found success and enormous satisfaction.

Constancy Counts

A constant program is essential to a good public information program for and about handicapped children. Every communications office knows that is true of any issue, but in many districts, the sensitive nature of the handicapped child problem keeps it on the "back burner" for too long. Face it, a "human interest" story every six months just won't do it.

In some areas, the parents of handicapped children get together and form action groups in their community. Encourage them and work with them, say experienced information officers. But remember a slight difference in handling this subject. On most matters, the school district is better informed than the parent, but on handicapped children, the parent may be at least as informed and maybe more informed than your community relations expert and no amount of "background reading" will help him catch up. Though the good information officer always has a keen listening ear, in this case it must be particularly acute.

Meet the parents whenever possible. Give them facts. Tell them everything your district is doing to help their children: how many students are being served, the staff that is being involved, the money being spent and the results of the teaching. Ask their opinions, enlist their aid and invite their criticism.

Inviting parents to mini-PTA sessions devoted to the special needs of themselves and their children has proved beneficial in many school districts. These special meetings can be designed to show the parents new program developments, and broaden their understanding not only of their children's problems but of their own attitudes. Offering the parents the opportunity to visit the classroom and see the programs in action and the resulting student reaction has proved particularly rewarding in many districts.

Parental involvement may often have far-reaching results. In West Palm Beach, Fla., for example, the parents of young children with hearing and vision disabilities produced a film that has been used through the state. The 11-minute, 16 mm film shows the school's program for children with hearing and visual handicaps and tells what it has meant to the parents and pupils alike. This can open one of the most sensitive and yet most helpful areas of understanding of the handicapped child and that is through–

Letting Them Show Their Talents

There is no more effective way to demontrate the unique abilities of disabled or handicapped children than to give them the opportunity to do so in public. On a national scale, the Joseph P. Kennedy Foundation sponsors a special Olympics each year for handicapped children. Many districts

already have their own swimming and track meets for their disabled children, but those who don't can get the information necessary for holding similar events from the foundation offices, 1701 K St. NW, Washington, D.C. 20036. Many leading sports personalities are willing to appear and help at such olympics. All over the country, handicapped sporting events covering everything from basketball to ping pong and swimming are proving successful. They are becoming a community attraction that lays a valuable foundation for public understanding of the problems, and appreciation for the needs of the handicapped child.

Give the students the chance to display their classroom talents too. A showing of student-made handicrafts or art work, or a play produced by them, will provide tangible evidence of a program's effectiveness. Invite grandparents, send invitations to senior citizens groups, bring those nine neighbors. A visual demonstration that the handicapped child can take his place in the productive school community is one of the best ways to sow the seeds of understanding that will later bear the fruits of support and encouragement.

A child with an unusual gift may be a good subject for a feature story in the local newspaper. An outstanding artist or musician among the handicapped, for example, provides an avenue to tell more about the school's entire program for exceptional children.

But Beware

Talking to the parents of handicapped children about the costs of special programs is one thing – talking to the rest of the community can be altogether different. The cost per pupil of instruction for the handicapped may often appear high to the nine neighbors of the handicapped child. Wherever possible, this must be offset by references to the opportunities the handicapped child has for a more full and complete life through the special, though more expensive education that may be needed. Never, never try to hide or camouflage the higher costs, but always offset them with the benefits reaped from those extra tax dollars.

Many special education teachers make excellent spokesmen for the district's programs. With their expert knowledge of the children and their understanding of the parental feelings, an articulate teacher can especially enhance your program through radio or local television station appearances, or by speaking and chairing discussion groups at the already mentioned mini-PTA sessions.

Media Need Careful Handling

One bad newspaper story can do untold damage in the struggle for public understanding of and support for the needs of the handicapped child.

In larger cities, the newspapers often have a special education writer or editor, but he may not be the best person to write your story. You are looking for someone who can write with an understanding of the delicate feelings of both parent and child. As in your normal dealings with the local press, you will not short-circuit the specialist, but if you feel he is too "hard-nosed" to handle it, suggest a general assignment feature to him, something that may be a little too "time-consuming for his busy schedule." And don't forget the Women's Section – it is fertile ground for good, sympathetic features on the handicapped.

Take special care in the use of names and photographs of handicapped children. Many districts obtain written permission from parents before releasing photographs of students to the press whether handicapped or not. Here is one "consent and release form" used in one California district.

CONSENT AND RELEASE FORM

Dear Parent:

It is often advantageous for the district to be able to illustrate and publicize school programs with photographs of students involved in these programs.

Before such photographs are used, however, we feel it necessary to secure approval to use such pictures. We feel confident that any photographs used will be in the best interests of our instructional program. Will you assist us by granting permission to use pictures in which your child appears? Your cooperation will be appreciated.

AUTHORIZATION:

The undersigned, parents (legal guardians) of _____, do hereby authorize the Ocean View School District to include photographs of said minor student in publicity relating to the district's educational program.

_____

Date Signature

Many successful photographs have been taken using side and rear views of handicapped children in which identification has not been possible. Press photographers are almost invariably sympathetic to the problem and can be relied on to tell your picture story with understanding.

As in all other public relations efforts, don't flood the media with stories, but don't shy away from it because it is sensitive either. Done with care, it can be one of your most successful community relations and public understanding programs.

Involve the Community

Having gotten the community's attention – use it. People tend to support the things in which they are involved. Over a dozen service groups and agencies worked in various Ocean View School District ventures last year, raising funds for new wheelchairs, helping the retarded students build a barn, and serving as teachers of vocational subjects. In your own district there are probably many similar agencies and service groups just waiting to be asked to help. Ask them, and the handicapped child (and everyone) will thank you.

Appendix

A MAILING LIST OF SPECIAL EDUCATION INSTRUCTIONAL MATERIALS CENTERS (SEIMC) REGIONAL MATERIALS CENTERS (RMS) —AND THE STATES THEY SERVE

Alabama, Florida, Georgia, Louisiana, Mississippi, South Carolina, Puerto Rico, Virgin Islands
Faye M. Browne
Southern States Cooperative Learning Resources System
Auburn U. at Montgomery
435 Bell St.
Montgomery, Ala. 36104
(205) 279-9110 ext. 258

Arizona, California, Nevada
Charles A. Watts
SEIMC
U. of Southern California
1031 S. Broadway
Los Angeles, Calif. 90015
(213) 747-9308

Colorado, Montana, New Mexico, Utah, Wyoming
Willard G. Jones
SEIMC
U. of Northern Colorado
Greeley, Colo. 80631
(303) 352-2681

Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Virginia
Robert Carter
Raymond S. Cottrell Jr.
SEIMC
George Washington U.
2201 G St. NW
Washington, D.C. 20006
(202) 676-7200

Illinois
Gloria F. Calovini
SEIMC
Office of Superintendent of Public Instruction
1020 S. Spring St.
Springfield, Ill. 62706
(217) 525-2263

Iowa, Kansas, Missouri, Nebraska, North Dakota, South Dakota
Robert Ridgway
SEIMC
U. of Kansas
213 Bailey St.
Lawrence, Kan. 66044
(913) 864-3464 and 4780

Kentucky, North Carolina, Tennessee, West Virginia
A. Edward Blackhurst
Robert Starrett
RMC
U. of Kentucky
Special Education Dept.
720 S. Limestone
Lexington, Ky. 40506
(606) 258-4921

Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, Virginia
Raymond Wyman
Northeast Regional Media Center for the Deaf
U. of Massachusetts
Amherst, Mass. 01003
(413) 545-2455

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
John L. Tringo
SEIMC
Boston U.
704 Commonwealth Ave.
Boston, Mass. 02215
(617) 353-3266

Indiana, Michigan, Ohio
Lou Alonso
Peter Sorum
SEIMC
Michigan State U.
213 Erickson St.
East Lansing, Mich. 48823
(517) 353-7810

Idaho, Illinois, Indiana, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin
Robert E. Stepp
Midwest Regional Media Center for the Deaf
U. of Nebraska
Lincoln, Neb. 68508
(402) 472-2141

Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming, BIA, Guam, Trust Territory
Hubert Summers
Southwest Regional Media Center for the Deaf
New Mexico State U.
PO Box 3AW
Las Cruces, N.M. 88001
(505) 646-1017

New York
Joseph Iraci
Raphael F. Simches
SEIMC
New York State Education Dept.
55 Elk St.
Albany, N.Y. 12224
(518) 474-6939

Alaska, Hawaii, Idaho, Oregon, Washington, Guam
Wayne D. Lance
Northwest SEIMC
Clinical Services Bldg.
U. of Oregon
Eugene, Ore. 97403
(503) 686-3585

Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, West Virginia, Puerto Rico, Virgin Islands
William D. Jackson
Southern Regional Media Center for the Deaf
College of Education
U. of Tennessee
Knoxville, Tenn. 39716
(615) 974-3308

Arkansas, Oklahoma, Texas
Albert W. Fell
William Wolfe
SEIMC
U. of Texas at Austin
2613 Wichita St.
Austin, Tex. 78712
(512) 471-3145 ext. 30

Minnesota, Wisconsin
Leroy Aserlind
James McCarthy
SEIMC
U. of Wisconsin
415 W. Gilman St.
Madison, Wis. 53706
(608) 262-9698

The following three offices serve nationwide needs:

Nationwide
Carl W. Lappin
Instructional Materials Reference Center for Visually Handicapped Children
American Printing House for the Blind
1839 Frankfort Ave.
Louisville, Ky. 40206
(502) 895-2405

Nationwide
John Belland
National Center on Educational Media and Materials for the Handicapped
Ohio State U.
220 W. 12th Ave.
Columbus, Ohio 43210
(614) 422-7596

Nationwide
CEC/ERIC and SEIMC/RMC/NCEMMH Office
1499 Jefferson Davis Hwy., Suite 900
Arlington, Va. 22202
(703) 920-7770

Address all Bureau of Programs for the Handicapped correspondence through project officers at this address:
BPH/MSCF 2020 ROB
Media Services and Captioned Films Branch
Bureau of Programs for the Handicapped
U.S. Office of Education
400 Maryland Ave. SW
Washington, D.C. 20202
(202) 962-8742

DIRECTORY OF SPECIAL EDUCATION PERSONNEL IN STATE EDUCATION AGENCIES

Alabama
Clinton R. Owens
Chief Consultant and Supervisor
Exceptional Children and Youth
State Dept. of Education
Montgomery, Ala. 36104
(205) 269-6968

Alaska
Mark Burgoyne
Section on Exceptional Children and Youth
Division of Instructional Services
State Dept. of Education
Pouch F
Juneau, Alaska 99801
(907) 586-5264

American Samoa
Margo Melicove
Program Director-Special Education
Dept. of Education
Pago Pago, American Samoa 96920

Arizona
John R. Potts
Director of Division of Special Education
Dept. of Education
1535 W. Jefferson
Phoenix, Ariz. 85007

Arkansas
Tom J. Hicks
Coordinator of Special Education
Division of Instructional Services
Dept. of Education
Arch Ford Education Bldg.
Little Rock, Ark. 72201
(501) 371-2161

California
Leslie Brinegar
Chief, Division of Special Education
State Dept. of Education
Sacramento, Calif. 95814
(916) 445-4036

Colorado
David C. Miles
Director, Pupil Services Unit
State Dept. of Education
State Office Bldg.
Denver, Colo. 80203
(303) 892-2211

Connecticut
Joe R. Gordon
Bureau of Pupil Personnel and Special Educational Services
State Dept. of Education
Hartford, Conn. 06115
(203) 566-4383

Delaware
Robert C. Hawkins
Elementary Education and Special Programs
State Dept. of Public Instruction
Townsend Bldg.
Dover, Del. 19901
(302) 678-4632

District of Columbia
Merle G. VanDyke
Asst. Supt., Special Education
Division of Educational Programs
Presidential Building – Suite 602
415 12th St. NW
Washington, D.C. 20004
(202) 629-2441

Florida
Landis M. Stetler
Exceptional Child Education
Florida Dept. of Education
Tallahassee, Fla. 32304
(904) 488-1570

Georgia
Herbert D. Nash
Director, Special Education Program
Division of Early Childhood and Special Education
State Dept. of Education
Atlanta, Ga. 30334
(404) 656-2425

Guam
Julia T. Certeza
Asst. Supt., Special Education
Dept. of Education
P.O. Box DE
Agana, Guam 96910

Hawaii
Hatsuko F. Kawahara
Director, Special Education Branch
State Dept. of Education
1270 Queen Emma St., Room 805
Honolulu, Hawaii 96813
(808) 548-6923

Idaho
John F. Comba
Director, Special Education
Len Jordan Bldg.
State Office Bldg.
Boise, Idaho 83720
(208) 384-2113

Illinois
Fred Rozum
Asst. Supt., Dept. for Exceptional Children
1020 S. Spring St.
Springfield, Ill. 62706
(217) 525-5075

Indiana
Gilbert A. Bliton
Director, Division of Special Education
Dept. of Public Instruction
108 State Office Bldg.
Indianapolis, Ind. 46204
(317) 633-4763

Iowa
Richard E. Fischer
State Director, Division of Special Education
State Dept. of Public Instruction
Grimes State Office Bldg.
E. 14th and Grand Ave.
Des Moines, Iowa 50319
(515) 281-3176

Kansas
James E. Marshall
Director, Division of Special Education
State Dept. of Education
120 E. 10th St.
Topeka, Kan.
(913) 296-3866

Kentucky
Stella A. Edwards
Director, Division of Special Education
State Office Bldg.
Frankfort, Ky. 40601
(502) 564-4970

Louisiana
Joseph C. Glorisoo
Special Educational Services
State Dept. of Education
Capitol Station
P.O. Box 44064
Baton Rouge, La. 70804
(504) 389-5596

Maine
Joseph W. Kern
Coordinator of Services to Exceptional Children
State Dept. of Educational and Cultural Services
Augusta, Me. 04330

Maryland
Stanley I. Mopsik
Coordinator of Office of Special Education
Division of Instruction
State Dept. of Education
P.O. Box 8717, Friendship International Airport
Baltimore, Md. 21240
(301) 796-8300

Massachusetts
Joseph P. Rice
Association Commissioner
Division of Special Education
State Dept. of Education
182 Tremont St.
Boston, Mass. 02111
(617) 727-5770

Michigan
Murray O. Batten
Director, Special Education Services
State Dept. of Education
P.O. Box 420
Lansing, Mich. 48902
(517) 373-1695

Minnesota
John C. Gross
Special Education Section
State Dept. of Education
Capitol Square, 500 Cedar Ave.
St. Paul, Minn. 55101
(612) 296-2547

Mississippi
Herman White
Supervisor, Special Education
State Dept. of Education
Jackson, Miss. 39205
(601) 354-6950

Missouri
Donald M. Cox, Director
Special Education
State Dept. of Education
P.O. Box 480
Jefferson City, Mo. 65101
(314) 751-3502

Montana
Larry Holmquist, Supervisor
Special Education
Office of the Superintendent of Public Instruction
State Capitol
Helena, Mont. 59601
(406) 449-2057

Nebraska
Francis E. Colgan
Administrator of Special Education
Special Education Section
State Dept. of Education
233 S. 10th St.
Lincoln, Neb. 68508
(402) 471-2471

Nevada
Larry Davis, Educational Consultant
Exceptional Pupil Education
Nevada State Dept. of Education
Carson City, Nev. 89701
(702) 882-7325

New Hampshire
Manfred F. Drewski
Senior Consultant II, Special Education
State Dept. of Education
105 Loudon Rd., Bldg. #3
Concord, N.H. 03301
(603) 271-3741

New Jersey
Daniel Ringelheim
Deputy Assistant Commissioner
Branch of Special Education and Pupil
Personnel Services
State Dept. of Education
225 W. State St.
Trenton, N.J. 08625
(609) 292-7602

New Mexico
Elie S. Gutierrez, Director
Division of Special Education
State Dept. of Education
State Educational Building
300 Don Gaspar Ave.
Santa Fe, N.M. 87501
(505) 827-2793

New York
Raphael F. Simches, Director
Division for Handicapped Children
State Dept. of Education
Albany, N.Y. 12224
(518) 474-6939

North Carolina
Theodore R. Drain, Director
Division for Exceptional Children
State Dept. of Public Instruction
Raleigh, N.C. 27611
(919) 829-3921

North Dakota
Janet M. Smaltz, Director
Special Education
State Dept. of Public Instruction
Bismarck, N.D. 58501
(701) 224-2277

Ohio
S. J. Bonham, Jr., Director
Division of Special Education
State Dept. of Education
933 High St.
Worthington, Ohio 43085
(614) 466-2650

Oklahoma
Maurice P. Walraven
Director of Special Education
State Dept. of Education
4545 N. Lincoln, Suite 269
Oklahoma City, Okla. 73105
(405) 521-3351

Oregon
Mason D. McQuiston
Director of Special Education
Oregon Dept. of Education
Salem, Ore. 97310
(503) 378-3598

Pennsylvania
William F. Ohrtman, Chief
Division of Special Education
Dept. of Education
Box 911
Harrisburg, Pa. 17126
(717) 787-1360

Puerto Rico
Hilda Grana de Bonilla, Director
Special Education Program for Handicapped Children
Department of Education
Hato Rey, Puerto Rico 00924
(809) 765-1475

Rhode Island
Francis B. Conley, Coordinator
Special Education
State Dept. of Education
Roger Williams Building
Providence, R.I. 02908
(401) 277-3037

South Carolina
Robert S. Black
Office of Programs for the Handicapped
State Dept. of Education
Room 309, Rutledge Bldg.
Columbia, S.C. 29201
(803) 758-2668

South Dakota
Michael J. Elsberry, Director
Section for Exceptional Children
Office of Human Resource Management
Pierre, S.D. 57501
(605) 224-3678

Tennessee
Vernon L. Johnson
Coordinator, Programs for Exceptional Children
State Dept. of Education
134 Cordell Hull Bldg.
Nashville, Tenn. 37219
(615) 741-2722

Texas
Robert A. Montgomery
Asst. Comr. for Education for Special Education
and Special Schools
Texas Education Agency
201 E. 11th St.
Austin, Tex. 78701

Utah
R. Elwood Pace
Coordinator, Pupil Services
Utah State Board of Education
1050 University Club Bldg.
136 E. South Temple
Salt Lake City, Utah 84111
(801) 328-5982

Vermont
Jean S. Garvin
Director, Special Education and Pupil
Personnel Services
State Dept. of Education
Montpelier, Vt. 05602
(802) 3141

Virgin Islands
Robert Rogers
Director of Special Education
Dept. of Education
P.O. Box 630, Charlotte Amalie
St. Thomas, Virgin Islands 00801
(809) 774-0100

Virginia
James T. Micklem
Director, Division of Special Education
State Dept. of Education
Richmond, Va. 23216
(804) 770-2673

Washington
John O. Mattson
Director, Special Services Section
Old Capitol Bldg.
Olympia, Wash. 98504
(206) 753-2563

West Virginia
Roger P. Elser
Division of Special Education
West Virginia Dept. of Education
Bldg. B, Unit 6, Room 315
State Capitol
Charleston, W. Va. 25305
(304) 348-2707

Wisconsin
John W. Melcher
Division for Handicapped Children
State Dept. of Public Instruction
126 Langdon St.
Madison, Wis. 53702
(608) 266-1649

Wyoming
Lamar Gordon
Office of Exceptional Children
State Dept. of Education
Cheyenne, Wyo. 82001
(307) 777-7342